

LARGE PRINT



Doctor Visit Notes

Before, during and after every appointment

Getting ready • my health summary • my medicines • visit notes • appointment log

Type in it on screen, or print as many copies as you like

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Getting Ready for a Visit

A CHECKLIST FOR BEFORE, DURING AND AFTER • BASED ON AHRQ TIPS FOR PATIENTS

BEFORE

- ☐ Bring all your medicines, or the list on page 4: prescriptions, non-prescription medicines, vitamins and supplements
- ☐ Write down your questions, most important first
- ☐ Know your current conditions, past surgeries and illnesses (page 3)
- ☐ Ask someone to come with you if it helps, to listen and take notes

DURING

- ☐ Explain your symptoms, your history and any problems with medicines you have taken
- ☐ Ask questions until you understand. It is fine to ask the doctor to repeat it.
- ☐ Say if you are worried about following the instructions
- ☐ If a treatment is suggested, ask about the options
- ☐ If a test is needed, ask how it is done, how to get ready and how you will get the results
- ☐ Ask for written instructions before you leave

AFTER

- ☐ Follow the instructions, and call the office if anything is unclear once you are home
- ☐ Talk with your doctor or pharmacist before you stop any prescribed medicine
- ☐ Call if symptoms get worse, or if you have trouble following the instructions
- ☐ Book any tests or specialist visits, and call for test results if you have not heard

My Health Summary

TAKE A COPY TO EVERY NEW DOCTOR OR SPECIALIST

NAME _____ DATE OF BIRTH _____

EMERGENCY CONTACT _____ PHONE _____

INSURANCE & MEMBER NUMBER _____

MY HEALTH CONDITIONS

PAST SURGERIES AND HOSPITAL STAYS (WITH YEAR)

ALLERGIES (MEDICINES, FOODS, LATEX) AND WHAT HAPPENS

MY DOCTORS AND PHARMACY

NAME	SPECIALTY	PHONE

My Medicines

EVERYTHING I TAKE: PRESCRIPTIONS, NON-PRESCRIPTION, VITAMINS AND SUPPLEMENTS

UPDATED ON

Include eye drops, inhalers, creams, vitamins and supplements. Bring this page to every visit.

Visit Notes

ONE PAGE PER APPOINTMENT • PRINT AS MANY AS YOU NEED • PAGE 1 OF 2

DATE _____ DOCTOR _____ CAME WITH ME _____

REASON FOR THE VISIT _____

MY QUESTIONS (MOST IMPORTANT FIRST)

WHAT THE DOCTOR SAID

NEW MEDICINES OR CHANGES (NAME, DOSE, WHEN, FOR HOW LONG)

TESTS OR REFERRALS, AND HOW I GET THE RESULTS

WHAT I DO NEXT, AND WHEN TO CALL

NEXT APPOINTMENT _____ OFFICE PHONE _____

Visit Notes

ONE PAGE PER APPOINTMENT • PRINT AS MANY AS YOU NEED • PAGE 2 OF 2

DATE _____ DOCTOR _____ CAME WITH ME _____

REASON FOR THE VISIT _____

MY QUESTIONS (MOST IMPORTANT FIRST)

WHAT THE DOCTOR SAID

NEW MEDICINES OR CHANGES (NAME, DOSE, WHEN, FOR HOW LONG)

TESTS OR REFERRALS, AND HOW I GET THE RESULTS

WHAT I DO NEXT, AND WHEN TO CALL

NEXT APPOINTMENT _____ OFFICE PHONE _____

EVERY VISIT AT A GLANCE • ONE LINE EACH