

Medical Appointment Worksheet

This form can help you plan for your upcoming medical appointment and to keep notes during the appointment. In addition to this worksheet, bring your insurance card, photo ID, medical history and list of all medications (including vitamins and supplements) to the appointment.

Appointment Date: _____ **Appointment Time:** _____

Appointment Location: _____

Medical Provider's Name: _____

Reason for the Appointment: _____

Concerns:

- ♡
- ♡
- ♡
- ♡
- ♡

Symptom Checklist

Monitoring the following symptoms and discussing them with your healthcare team can help in managing your overall health.

	NEVER	SOMETIMES	OFTEN	ALWAYS
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Laying Flat to Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen Ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medication(s) Prescribed By This Provider:

Medication Name	Dosage Taken	Time Taken	Refill Needed	Concerns/ Side Effects	Continue/ Discontinued/ New

Testing And Labwork Completed To Be Discussed:

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Testing And Labwork To Be Completed Following Appointment:

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Follow-up Appointment(s):

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Notes:

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