

MY APPOINTMENT SUMMARY

Use for appointments with your healthcare team, treatments, procedures and tests.

Appointment Prep

☐ Office Visit ☐ Treatment Appointment ☐ Procedure ☐ Test ☐ Other

Appointment date & time:

Doctor/facility:

Phone:

Address:

Referred by:

Reason for appointment:

Things to bring to appointment:
(circle what applies)

My Companion Guidebook
Another Person

Insurance Card
List of Questions

Medical Records
Medications

ID
Co-pay

Recording Device

Updates on your health and medication changes since last visit:

Question #1

Answer #1

Question #2

Answer #2

Appointment Results

Treatment/medication(s) prescribed:

Discussed:

Notes/Action Items:

Next appointment date & time: