



Another resource from **PATIENT AND CAREGIVER SUPPORT***

MEDICAL APPOINTMENT INFORMATION RECORD

*Dedicated to providing CARE (Connections, Assistance, Resources and Encouragement) for patients, caregivers, spouses and families

10/10

NAME: _____ **DATE:** _____

DOCTOR'S NAME: _____ **Reason for appointment:** _____

Questions for the doctor:

1. _____
2. _____
3. _____
4. _____

Medications I'm taking (milligram dose and # of times per day):

1. _____ for what? _____
2. _____ for what? _____
3. _____ for what? _____
4. _____ for what? _____
5. _____ for what? _____
6. _____ for what? _____
7. _____ for what? _____

(Have nurse help you with the following, if necessary)

Diagnosis: _____

SPECIAL INSTRUCTIONS FROM THE DOCTOR:

NEXT APPOINTMENT (Date & Time), OTHER INFORMATION: _____

This information is neither intended nor implied to be a substitute for professional medical guidance. Always seek the advice of your physician or other qualified health provider prior to making decisions about your medical care.