

## APPOINTMENT SUMMARY

This summary used in conjunction with “What You Want to Cover” and the “Symptom Journal” provides you with a comprehensive record of each health concern and interaction you have with your provider.

Appointment date & time: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

\_\_\_\_\_

Medication(s) prescribed/Changes to my current medications: \_\_\_\_\_

\_\_\_\_\_

Test(s) prescribed (date scheduled): \_\_\_\_\_

\_\_\_\_\_

Specialist(s) referred to (date scheduled): \_\_\_\_\_

\_\_\_\_\_

Notes from appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommended Next Steps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_