APPOINTMENT LOG

Name of Doctor/Health Care Professional: _____

Address/Phone: _____

_____

Appointment Date and Time: _____

Referred by: _____

Reason for Appointment: _____

_____

_____

Things to Bring to the Appointment (medical records, insurance card, etc.): _____

_____

_____

Questions to ask: _____

_____

_____

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_____

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_____

Notes: _____

_____

_____

_____

_____

_____

_____

Diagnosis: _____

_____

_____

_____

_____

Treatment/Medication(s) prescribed: _____

Next Appointment Date and Time: _____