

Appendix D

APPOINTMENT PREP SHEET

Use this sheet to prepare for doctor visits.

Patient Name: _____

Appointment Date: _____

Appointment Time: _____

Provider Name: _____

Contact Number: _____

Office Location: _____

Purpose of visit: _____

CHECKLIST WHAT TO BRING TO THIS APPOINTMENT:

- Updated medication list
- Insurance card and photo ID
- This appointment prep sheet
- Recent test results or records from other providers
- List of questions
- Care log (if relevant)
- Pen and paper for notes

SYMPTOM SUMMARY (if reporting a new or worsening symptom):

Describe Symptom/s: _____

When did it start? _____

Is it constant: _____ **or On and Off** _____

What triggers (if identified)? _____

How often does it happen? _____

How severe is it (mild, moderate, severe)? _____

What makes it better? _____

What makes it worse? _____



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How does it affect daily function? _____

QUESTIONS AND CONCERNS (prioritized):

1.

2.

3.

4.

5.

TOPICS TO DISCUSS: Medication review or changes Referral to specialist

Test results New symptoms Changes in condition Home care concerns

Other: _____



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NOTES FROM THE VISIT:

What the doctor said: _____

Diagnosis or assessment: _____

New medications or changes: _____

Tests ordered: _____

Referrals: _____

Follow-up appointment needed: Yes No

When: _____

FOLLOW-UP TASKS

- Schedule follow-up appointment
- Schedule tests or labs Fill
- New Prescriptions Update
- Medication List Update
- Command Center Binder
- Communicate with Family

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Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”

