

MEDICAL APPOINTMENT PLANNER

Appointment Date / Time: _____ Provider Name: _____

Reason for Appointment: Annual Physical FollowUp New Concern Other:

UPDATES / IMPORTANT INFO TO SHARE

- General health (changes to sleep, diet, exercise, medications, etc.)
- Disease/condition specific updates (changes to symptoms, medications, outcomes, etc.)
- Any tests, evaluations, or other medical results completed since last visit (labs, imaging, etc.)
- Updates from specialty providers (vision, dental, mental health, women's health, etc.)

MY MEDICATIONS

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

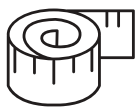
Name _____ Dosage _____ Frequency _____

MY VITALS



Weight

lb



Height

ft/in



Temperature

F



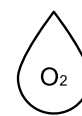
Blood Pressure

_____ / _____



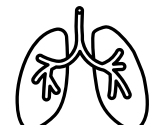
Heart Rate

bpm



Oxygen

%



Respiratory Rate

bpm

QUESTIONS FOR THE PROVIDER / GOALS FOR TODAY'S APPOINTMENT

INFORMATION FROM THE PROVIDER

NEXT STEPS

- Followup appointment?
- Lab work or other testing needed?
- Medication refills or new medications?
- Referral to additional provider?

ADDITIONAL NOTES

ABOUT THIS WORKSHEET: ADVANCED & INDEPENDENT

This worksheet is a tool to assist you in preparing for and participating in your medical appointments. It is not medical advice and does not replace recommendations from your medical provider.

Using this worksheet helps you to engage with your medical provider, maintain a solid relationship, and effectively manage your healthcare needs. You should complete a worksheet for each medical appointment and organize them so you have records of what happened.

