Doctor Visit Checklist - My Medical Visit Plan

Appointment Date:_____   Appointment Time:_____

Physician Name:_____   Specialty:_____

Reason for Visit:_____

VITALS			
Height		Weight	
Blood Pressure		Pulse Rate	
Glucose Level		Temperature	
Pulse Oxygen Level		Other	

SYMPTOMS/CHANGES

_____

_____

_____

SPECIALIST/HOSPITAL VISITS (since last appointment)

_____

_____

_____

TESTS/LAB WORK ORDERED

Test Ordered:_____   Date/Time:_____

Location:_____

Necessary Prep:_____   Reason:_____

Test Ordered:_____   Date/Time:_____

Location:_____

Necessary Prep:_____   Reason:_____

Medication Management

Name:_____

Date:_____

	Medication	Reason	Prescriber	Dosage	Pharamcy	Notes
Morning ☼						
Afternoon ☽						
Evening ☾						
Night Time ⚡						
As Needed ☝						

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