APPOINTMENT PLANNING GUIDE

Provider Name: ______________________________

Address: ______________________________

Appointment Date: ______________ Appointment Time: ______________

Things To Bring:

- ☐ Insurance Card/Photo ID
- ☐ Medical and Immunization Records
- ☐ Any logs used to track blood pressure, activity or diet
- ☐ Allergies List
- ☐ Any medications currently being taken

Are You Experiencing Any New Symptoms?

☐ Yes ☐ No

If yes, list symptoms:

Are Any Factors Stopping You From Reaching Your Health Goals?

☐ Yes ☐ No

- ☐ Food
- ☐ Behavioral Health
- ☐ Transportation
- ☐ Medical Care
- ☐ Housing/Goods
- ☐ Financial
- ☐ Other: ______________________________ *(list)*

Family History:

- ☐ Heart disease
- ☐ High blood pressure
- ☐ Cancer: ______________ *(type)*
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Mental health disorders
- ☐ Other: ______________________________ *(list)*

Other Providers That Care for You:

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PREPARE FOR YOUR UPCOMING APPOINTMENT

Medication Record:

Medication Name/Strength:	How often?	Reason:	Concerns/Issues:

Are Any Factors Stopping You From Taking Medication?

☐ Yes ☐ No

☐ Cost ☐ Side effects ☐ Ability to pick up

☐ Forget ☐ Questions/Concerns ☐ Other: ____________________
(List)

Questions For Provider:

Follow-Up Appointment:

☐ Yes ☐ No

If yes, when: ____

(Date) *(Time)* *(Location)*

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