

APPOINTMENT PLANNING GUIDE

This appointment planning guide is not required by your care provider, but you may find it helpful to complete while preparing for your appointment.

Your Name: _____

Provider Name: _____

Address: _____

Appointment Date: _____ Appointment Time: _____



Things To Bring:

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



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: _____
- Diabetes
- High cholesterol
- Mental health disorders
- Other: _____

(type)

(list)



Please list any additional providers that help care for you including specialists:

PREPARE FOR YOUR UPCOMING APPOINTMENT



Medication Record:

Medication Name/Strength:

How often do you take this medication?

Reason medication was prescribed

Issues or Concerns

Medication Name/Strength:

How often do you take this medication?

Reason medication was prescribed

Issues or Concerns

Medication Name/Strength:

How often do you take this medication?

Reason medication was prescribed

Issues or Concerns



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: