

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.

Legal Full Name: _____

Provider Name: _____

Provider/Clinic 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

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Housing/Goods | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Other: _____ | | |
- (list)*



Family History:

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Mental health disorders |
| <input type="checkbox"/> Other: _____ | | |
- (list)*



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

PREPARE FOR YOUR UPCOMING APPOINTMENT



Medication Record:

1

Medication Name/Strength:

How often do you take this medication?

Reason medication was prescribed

Issues or Concerns

2

Medication Name/Strength:

How often do you take this medication?

Reason medication was prescribed

Issues or Concerns

3

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: