



# appointment guide

Date:	Time:		
Provider Name:	Phone:		
Address:			
Blood Pressure:	Pulse:	Temperature:	Weight:

## What do you want from this appointment?

- Counseling    Medication    Referral    Combination of all three    Don't know

## Bring to the Appointment:

- Medical Records    Insurance Card    Lab Work or other pertinent records
- Updated list of medications, vitamins, and herbal supplements (or you may want to bring your current medication bottles)
- Other \_\_\_\_\_

Reasons for visit and questions for your health care provider:

Diagnosis:

Treatment Plan/Homework/Referrals/Medication to Purchase:

Next Appointment Date:

Time:

Provider:

### Section 3

Note: This is not a medical or legal document. Contact a medical or legal professional for assistance with your health concerns.

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