Doctor’s Office Visit Record

Directions: Use this form in preparing and documenting a doctor’s office visit. Take this with you to the appointment.

DOCTOR’S NAME: ______________________ DATE OF VISIT: ______________________
REASON FOR VISIT: ☐ Check-up ☐ Follow-up ☐ New doctor ☐ Outpatient procedure

Symptoms or Concerns: List any new symptoms, pains, or feelings since the last visit. List anything brought up from another physician or health care provider.
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

QUESTIONS FOR DOCTOR: ANSWER PROVIDED:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

DIAGNOSIS AND COURSE OF TREATMENT: ____________________________________________
__________________________________________________________
__________________________________________________________

SPECIAL INSTRUCTIONS: ____________________________________________________________
__________________________________________________________
__________________________________________________________

REFERRAL TO ANOTHER PHYSICIAN:
Name of Physician: __________________________ Office Phone Number: ______________________

Date of Next Visit: __________________________