

## 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: \_\_\_\_\_