



## Your Medical Visit

Date: \_\_\_\_\_

Dr. Name \_\_\_\_\_

### **Primary Reason For Visit:**

Example: Review test results, medication refill, sickness etc.

### **Symptoms:**

Example: Sore throat, rash, pain etc. (try to note the date it began)

### **Concerns:**

Example: I fell in poison ivy, I have had a fever for 3 days, etc.

If time permits **other concerns** or questions you may have:

### **Doctors Recommendations**

Example: Tests, medication required or follow up appointments.

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