



# Medical Appointment Tracking Form

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

Take time to fill out this form. Print as many pages or copies as needed for each appointment.

## Patient Information

Today's Date/Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Height/Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Symptoms/Complaints: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Name of Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

## X-Rays

Reason: \_\_\_\_\_

Date/Time of Test: \_\_\_\_\_

Date/Time Results Due: \_\_\_\_\_

Date/Time You Discussed with Medical Staff: \_\_\_\_\_

\_\_\_\_\_

Results/Next Steps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason: \_\_\_\_\_

Date/Time of Test: \_\_\_\_\_

Date/Time Results Due: \_\_\_\_\_

Date/Time You Discussed with Medical Staff: \_\_\_\_\_

\_\_\_\_\_

Results/Next Steps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Test #1

Kind of Test/How will it help? \_\_\_\_\_

\_\_\_\_\_

Location/Room of test: \_\_\_\_\_

Reason/What are they taking the test for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Time of Test: \_\_\_\_\_

Date/Time Results Due: \_\_\_\_\_

Date/Time You Discussed with Medical Staff: \_\_\_\_\_

\_\_\_\_\_

Results/Next Steps: \_\_\_\_\_

\_\_\_\_\_

## Test #2

Kind of Test/How will it help? \_\_\_\_\_

\_\_\_\_\_

Location/Room of test: \_\_\_\_\_

Reason/What are they taking the test for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Time of Test: \_\_\_\_\_

Date/Time Results Due: \_\_\_\_\_

Date/Time You Discussed with Medical Staff: \_\_\_\_\_

\_\_\_\_\_

Results/Next Steps: \_\_\_\_\_

\_\_\_\_\_

## Test #3

Kind of Test/How will it help? \_\_\_\_\_

\_\_\_\_\_

Location/Room of test: \_\_\_\_\_

Reason/What are they taking the test for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Time of Test: \_\_\_\_\_

Date/Time Results Due: \_\_\_\_\_

Date/Time You Discussed with Medical Staff: \_\_\_\_\_

\_\_\_\_\_

Results/Next Steps: \_\_\_\_\_

\_\_\_\_\_



# Medical Appointment Tracking Form page 2

## Medication #1

Name of Medication/Dosage/Schedule Taken: \_\_\_\_\_

Date/Time Medication Ordered: \_\_\_\_\_

Has Dr. gone over your current meds with you to be sure there are no reactions or concerns: \_\_\_\_\_

Kind of medication? (narcotic, etc.): \_\_\_\_\_

How will it help/What are intended results?: \_\_\_\_\_

Date and time results will be seen?: \_\_\_\_\_

What are possible side effects?: \_\_\_\_\_

Will side effects be obvious and how so?: \_\_\_\_\_

Estimated date and time side effects go away?: \_\_\_\_\_

## Medication #2

Name of Medication/Dosage/Schedule Taken: \_\_\_\_\_

Date/Time Medication Ordered: \_\_\_\_\_

Has Dr. gone over your current meds with you to be sure there are no reactions or concerns: \_\_\_\_\_

Kind of medication? (narcotic, etc.): \_\_\_\_\_

How will it help/What are intended results?: \_\_\_\_\_

Date and time results will be seen?: \_\_\_\_\_

What are possible side effects?: \_\_\_\_\_

Will side effects be obvious and how so?: \_\_\_\_\_

Estimated date and time side effects go away?: \_\_\_\_\_

## Medication #3

Name of Medication/Dosage/Schedule Taken: \_\_\_\_\_

Date/Time Medication Ordered: \_\_\_\_\_

Has Dr. gone over your current meds with you to be sure there are no reactions or concerns: \_\_\_\_\_

Kind of medication? (narcotic, etc.): \_\_\_\_\_

How will it help/What are intended results?: \_\_\_\_\_

Date and time results will be seen?: \_\_\_\_\_

What are possible side effects?: \_\_\_\_\_

Will side effects be obvious and how so?: \_\_\_\_\_

Estimated date and time side effects go away?: \_\_\_\_\_

## Additional Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Next Appointment

Date/Time of Appointment: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

Name of Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_