

# Doctor Visit Notes

Date \_\_\_\_\_

Completed by \_\_\_\_\_

Healthcare Professional's Name \_\_\_\_\_

Clinic's telephone number \_\_\_\_\_

Preferred method of contacting Healthcare Professional: Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

**Purpose of Visit (Write your goals and then what was discussed)**

**Any new medications?**

**Any changes to medications?**

**Any life-style recommendations?**

**Goals(s) before next visit**

**Date of next visit**

**Referrals for tests? If yes, what type?**

**Referrals for specialists? If yes, what type?**