MY APPOINTMENTS SUMMARY LOG Use for appointments with your healthcare team, treatments, procedures and tests.

Office Visit Treatment Appointmen	nt Procedure Test Othe	er			
Appointment date & time:					
Doctor/facility:			Phone:		
Address:					
Referred by:					
Reason for appointment:					
Things to bring to appointment: (circle what applies)	My Companion Guidebook Another Person	Insurance Card Questions	Medical Records Medications	ID Co-pay	Recording Device
Updates on your health and medication ch	nanges since last visit:				
Question #1					
Answer #1					
Question #2					
Answer #2					
Treatment/medication(s) prescribed	ı:				
, (//					
Discussed:					
Notes/Action Items:					
Next appointment date & time:					Q

