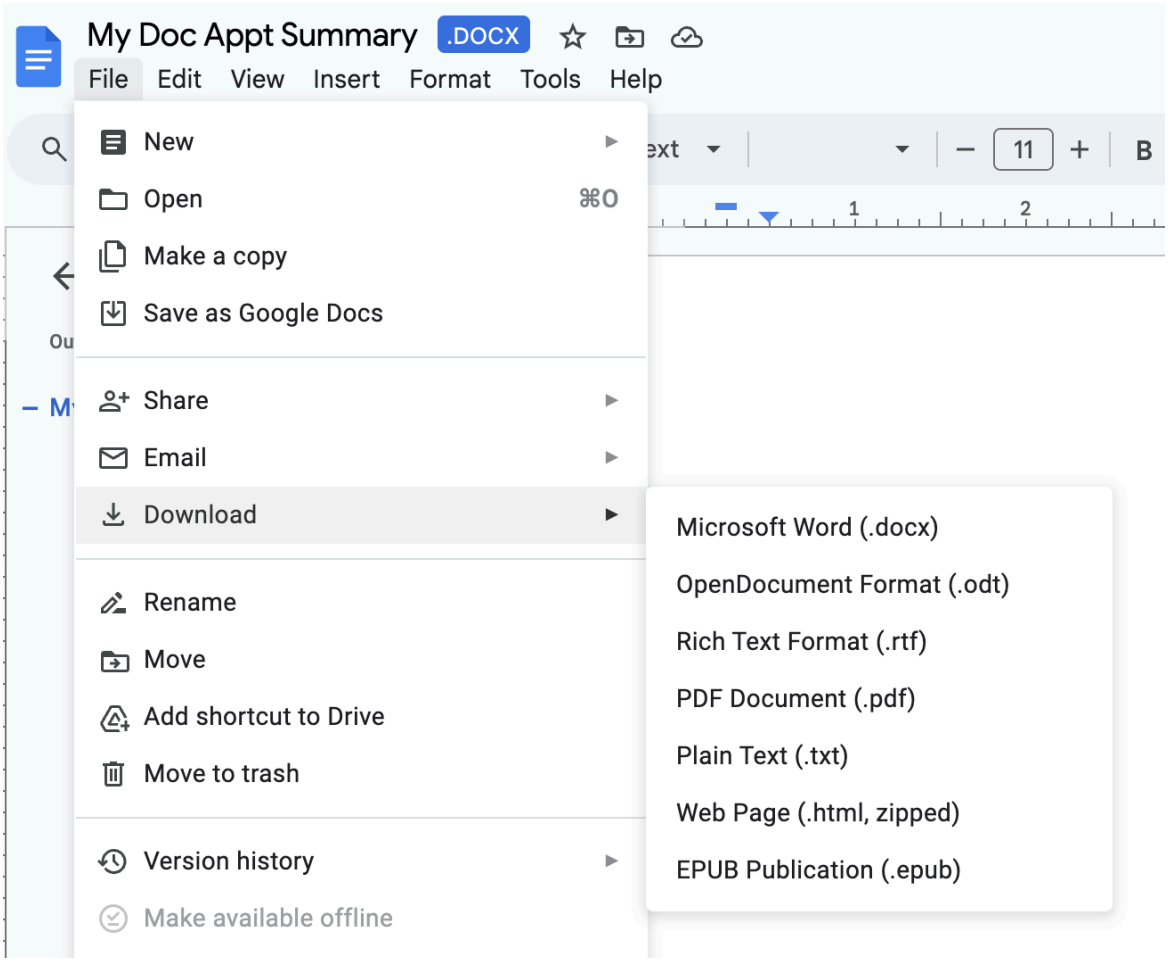
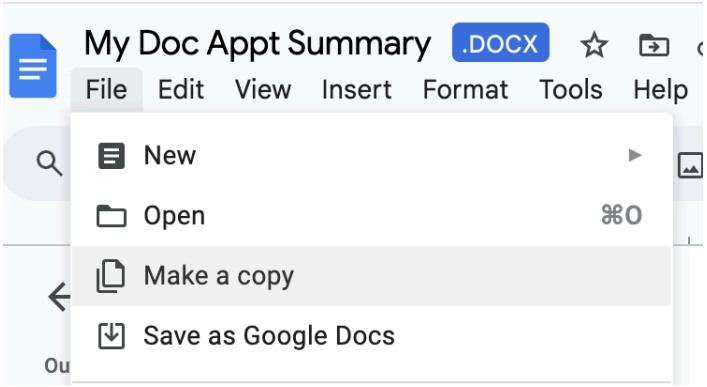
How to use this document

To create your own “**My Doctor Appointment Summary**” you can download in a format that works for you. Simply click under “Edit” to download. See image:



Or

Make a copy for you to use in Google Docs. See image:



My Doctor Appointment Summary

Patient Name: _____

Date of Birth: _____/_____/_____

Date of Appointment: _____/_____/_____

Reason for Appointment:

_____

_____

Notes from Appointment:

1. Discussion Points: _____

   Recommendations: _____

   Next Steps: _____

2. Discussion Points: _____

   Recommendations: _____

   Next Steps: _____

3. Discussion Points: _____

   Recommendations: _____

   Next Steps: _____

Medications Prescribed:

Medication Name: Dosage: Frequency: Instructions and storage:	Medication Name: Dosage: Frequency: Instructions and storage:

Follow-Up Actions:

Schedule Follow-Up Appointment: [ ] Yes [ ] No

Additional Tests or Procedures Required: [ ] Yes [ ] No

Referrals to Specialists: [ ] Yes [ ] No

Changes to Treatment Plan: [ ] Yes [ ] No

Other Instructions or Recommendations:

_____

_____

_____

Questions or Concerns Raised During Appointment:

_____

_____

_____

Next Appointment Scheduled:

Date: _____/_____/_____

Time: _____

Location: _____

Additional Notes or Comments:

_____

_____

_____

_____

Bring this form to all medical appointments for reference.
Share important details from this form with caregivers or family members if needed.
Keep a copy of this form in a secure and easily accessible location.

Apfed
American Partnership for Eosinophilic Disorders