



My appointment is with _____

Day _____ Date _____ Time _____

Symptoms I've experienced _____

Questions I have _____

Answers • What the doctor/therapist said _____

Tests ordered _____

What kind _____ Where _____ When _____

APPOINTMENT 1

The secret of staying young is to live honestly, eat slowly and lie about your age. —Lucille Ball

Medications prescribed _____

How I take my new medicine (include this in your chart)

_____ x a day how much _____

color of my meds _____ when I take it _____

Special instructions _____

Notes _____

My next appointment is

Day _____ Date _____ Time _____