

My Medical Visits

Doctor _____ Date _____

To help you keep track of the medical appointments use this form to record stats, have questions ready to ask and a place to record instructions and other appointments. (make several copies, hole-punch, keep in binder)

Reason for visit:

My current weight _____ Blood Pressure _____

Other Tests & results:

Questions I want to ask:

Comments / Instructions:

Next appointment: _____