Today’s Date ____________________

Healthcare Provider that saw me today______________________________________
Other healthcare team members that took care of me today________________________
__________________________________________________________________________
__________________________________________________________________________

What brought me here today_________________________________________________
What I would like to leave with _____________________________________________
What the Provider told me my diagnosis was__________________________________

Procedures and Tests ordered and results
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

New Medications or Medication changes- Use and Side Effects
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Patient Education given
__________________________________________________________________________

What do I need to follow up on?
__________________________________________________________________________

Next time I see my primary healthcare provider, don’t forget to ask:
__________________________________________________________________________

Date seen___________________

Dec 2015