

Appointment Summary Form

Patient Name: _____ **Medical Assistant:** _____ **Phone Number:** _____

Doctor: _____ **Specialty:** _____

Appointment Date/Time: _____ **Confirmed: Y/N** _____ **Location:** _____

Healthcare Partner: _____ **Transportation:** _____

Purpose of Appointment - My Health Concern:

Questions for the Doctor/RN:

- 1.
- 2.
- 3.

Appointment Results:

1. Diagnosis:
2. New medication/update to current medication:
3. Treatment Plan:

Follow-Up Plan & Next Appointment:

- 1.
- 2.