

# Appointment Summary Form

**Patient Name:** *John Doe*      **Medical Assistant:** *Jane Smith*      **Phone Number:** *123-456-7890*

**Doctor:** *Dr. Carter*      **Specialty:** *Orthopedic*

**Appointment Date/Time:** *Friday, June 20, 2018 - 2:00 p.m.*      **Confirmed: Y/N** *Yes*      **Location:** *North Clinic - 4th Floor*

**Healthcare Partner:** *Richard*      **Transportation:** *Richard*

**Purpose of Appointment - My Health Concern:**  
*Right wrist pain for 2 weeks*

## Questions for the Doctor/RN:

1. What are possible causes of the pain? *Overuse/sprain*
2. Is it serious? Is it treatable? *Not serious, rest will keep it from becoming chronic. Very treatable.*
3. How long will it take for my wrist to heal? *6-12 weeks of rest/treatment*

## Appointment Results:

1. Diagnosis: *Sprained wrist/ligament*
2. New medication/update to current medication: *Increase ibuprofen dosage*
3. Treatment Plan: *Get an X-ray, discuss results. Use ice/heat 4 times per day. Discuss possible physical therapy.*

## Follow-Up Plan & Next Appointment:

1. *Discuss X-ray results with RN in 2 days*
2. *Follow-up appointment - Tuesday, August 6 at 10:30 a.m. - South Clinic 1st floor*  
*Dr. says to cancel follow-up appointment if symptoms disappear, tell the RN if cancelling*