

office visit

Name

Date of Birth

PRACTITIONER'S NAME

DATE OF VISIT

SPECIALTY

Purpose of visit, questions, symptoms, and concerns

1.

2.

3.

4.

Office results of any tests and examination (height, weight, blood pressure, etc.)

Doctor's Conclusions and Advice

Action Plan: list tests to schedule, medication changes, treatment or diet advice, follow-up appointments

- *Give your doctor a self-addressed, stamped envelope to send your test results to you.*