



A professional to help you develop a plan,
gather resources and find solutions.

Resources. Experience. Solutions.

910.692.0683 | 855.590.7673

AgingOutreachServices.com

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Doctor Appointment Planner



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Name: _____ DOB: _____

Address: _____

Emergency Contact(name,number,address): _____

Primary Care Physician: _____

Diagnosis(es): _____

Medicare Number: _____

Alt Ins: _____

RX Drug Plan: _____

Allergies: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

Date: _____ Time: _____

Physician: _____

W:_____ B/P:_____ P/HR:_____

Resp:_____ O2:_____ Temp:_____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds:

Next Appointment:_____

Medications List:

Prescription Medications: _____

Over-the-Counter Medications: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

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Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

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Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

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Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____

Date: _____ Time: _____

Physician: _____

W: _____ B/P: _____ P/HR: _____

Resp: _____ O2: _____ Temp: _____

Questions for Doctor: _____

Doctor Comments: _____

New Meds: _____

D/C Meds: _____

Next Appointment: _____