

Appointment Planner

Date:

Time:

REASON FOR VISIT

SYMPTOMS

List your symptoms, when did they start, what is the severity, are they constant or intermittent?

List any current prescriptions

How long have you been taking this and why?

DIAGNOSTICS & TREATMENTS

Are there any diagnostics or treatments you would like to explore?

MEDICAL HISTORY

So you have any ongoing or chronic medical conditions? If yes, are they being treated and how?