

Doctor Visit Notes

Name: _____

Date of visit: _____

Doctor / clinic: _____

Reason for the visit: _____

Before the visit

Symptoms and changes since last time - when they started, how often, what makes them worse

Questions I want to ask

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☐	
☐	
☐	
☐	

Medicines and supplements I take

Name	Strength	How often I take it

After the visit

What the doctor said - diagnosis, test results, what it means

The plan - medicines, tests, referrals, what to change, what to watch for

Next appointment: _____ Tests booked for: _____ Call if: _____

Write the plan down in the room, in the words you were given, and read it back before you leave. If anything on this page is unclear later, ask the clinic rather than guessing.