Medical Appointment Notes

**Doctor**: Date: Time: Location:

Check: Do we or the doctor have the scans/test results needed for today? YES/NO  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**THINGS** the doctor needs to know and **questions** you have since the last visit.

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1.  
2.  
3.  
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When is the next appointment? ………………………………………………………………………………………..  
How do we book that appointment? …………………………………………………………………………………  
Is the referral to this doctor up to date? ……………………………………………………………………………  
Are new scans/blood tests needed? ………………………………………………………………………………….  
How do we book new scans/tests? ……………………………………………………………………………………  
Has the doctor handed over a request form? …………………………………………………………………….