



## Doctor's Office Visit Record

Doctor's Name \_\_\_\_\_ Date & Time of Visit \_\_\_\_\_

Who is taking me \_\_\_\_\_ Who is going in with me to write things down \_\_\_\_\_

Take: \_\_\_ Medication list \_\_\_ Medicines \_\_\_ Insurance cards \_\_\_ This sheet \_\_\_ Blood Type

Reason for visit: \_\_\_ check-up \_\_\_ follow-up \_\_\_ Not feeling well \_\_\_ new doctor \_\_\_ outpatient

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Temperature \_\_\_\_\_

Symptoms/pains/feelings/questions and when they started. Dull ache or stabbing pain? Fever? Had this before? If so, when? (a is for the doctor's answer – write in red ink so it stands out)

1. \_\_\_\_\_  
a. \_\_\_\_\_
2. \_\_\_\_\_  
a. \_\_\_\_\_
3. \_\_\_\_\_  
a. \_\_\_\_\_
4. \_\_\_\_\_  
a. \_\_\_\_\_
5. \_\_\_\_\_  
a. \_\_\_\_\_

Diagnosis and course of treatment: (Have doctor explain/spell anything you don't understand)

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Special Instructions:

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Referral to another physician: \_\_\_\_\_

Date of next visit: \_\_\_\_\_

Other: \_\_\_\_\_

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