

Follow-Up Appointment

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in the following information before and during your appointment to follow up on a health problem.

Concerns

What health problem is the reason for this return appointment?

What questions or concerns do I want addressed during this appointment?

Do I have any new symptoms? Yes No
If yes, include how long I have had them and what helps relieve them. If I have pain, describe where it is, how it feels, and how severe it is.

Treatment issues

Have I had any difficulty carrying out my treatment for this condition? Yes No
If yes, describe briefly:

Have I had any recent stresses that may affect my ability to care for the condition I have? Yes No
If yes, describe briefly:

Do I need any special written information or instructions to help me care for the disease or condition I have, such as instructions about monitoring my blood sugar if I have diabetes? Yes No

Are there any new treatments or tests for this condition?

What are the benefits and risks of the new treatments or tests?

What could happen if I choose not to have the new treatment or test?

Follow-up

What signs and symptoms should I watch for?

When should I call to report signs and symptoms?

When should I contact my health professional? Fill in the appropriate box below with the date and time.

Check here if no contact is needed.	Call to find out test results or to report how I am doing:	Return for an appointment:
<input type="checkbox"/>	Date: Time:	Date: Time:

Reminder

Bring all the records you have been keeping since your last visit, such as a blood sugar record if you have diabetes.