Home Care
NY GUIDE

Doctor Appointment Log

APPOINTMENTS

NAME _____ YEAR _____

DATE	TIME	DOCTOR / specialty	REASON FOR VISIT	OUTCOME / INSTRUCTIONS	FOLLOW-UP

For personal record-keeping. Not medical advice.

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Appointment Notes

APPOINTMENTS

DATE _____ TIME _____ DOCTOR _____

OFFICE / LOCATION _____ PHONE _____

REASON FOR VISIT _____

BEFORE THE VISIT

SYMPTOMS OR CHANGES SINCE LAST VISIT

QUESTIONS TO ASK

1.
2.
3.
4.
5.
6.
7.

DURING THE VISIT

BLOOD PRESSURE _____ WEIGHT _____ OTHER READINGS _____

WHAT THE DOCTOR SAID / ANSWERS TO QUESTIONS

MEDICATION	NEW / CHANGED / STOPPED	INSTRUCTIONS

TESTS / REFERRALS ORDERED _____

AFTER THE VISIT

NEXT APPOINTMENT _____ LAB / TEST DATE _____

- ☐ Pick up new prescription
- ☐ Schedule test or referral
- ☐ Update medication list
- ☐ Share notes with family
- ☐ Send records / forms
- ☐ Call back with results

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Helpful Questions to Ask

APPOINTMENTS

Check the questions you want to ask, and bring this page to the appointment.

ABOUT A DIAGNOSIS OR SYMPTOM

- [ ] What is causing this, and what is the name of the condition?
- [ ] What changes or warning signs should we watch for?
- [ ] When should we call the office, and when should we go to the emergency room?
- [ ] Is there anything at home (diet, activity, sleep) that could help?

ABOUT MEDICATIONS

- [ ] What is this medication for, and how long should it be taken?
- [ ] How and when should it be taken (with food, time of day)?
- [ ] Which side effects are common, and which are serious?
- [ ] Does it interact with other medicines, supplements, alcohol, or foods?
- [ ] What should we do if a dose is missed?

ABOUT TESTS & PROCEDURES

- [ ] Why is this test needed, and how do we prepare?
- [ ] When and how will we get the results?
- [ ] What are the risks, and are there other options?

ABOUT NEXT STEPS & SUPPORT

- [ ] When should we schedule a follow-up?
- [ ] Who do we contact with questions after hours?
- [ ] Would therapy, home care, equipment, or a specialist referral help?
- [ ] Can you write down these instructions or share a visit summary?

VISIT TIPS

- Bring the medication list (or the bottles), insurance cards, and this binder.
- Write down your top 3 concerns first, in case time runs short.
- Bring a family member or friend to listen and take notes, if possible.
- Repeat back the instructions to make sure you understood them.

MY OWN QUESTIONS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____