

Follow-Up Visit Tool

Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Are follow-up tests needed?  Yes  No

If yes, what follow-up test?  Blood test  X-ray  Other: \_\_\_\_\_

Directions for follow-up test: \_\_\_\_\_

My questions for the doctor or nurse:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Treatment plan:

\_\_\_\_\_  
\_\_\_\_\_

Did the doctor prescribe new medications?  Yes  No

If yes, are the instructions clear on when & how to take the medications?  Yes  No

.....  
Date of next appointment: \_\_\_\_\_ Time of next appointment: \_\_\_\_\_

Are follow-up tests needed?  Yes  No

If yes, what follow-up test?  Blood test  X-ray  Other: \_\_\_\_\_

Directions for follow-up test: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

