**Patient Information:**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History:**

* Chronic conditions or ongoing health issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medications (include names and dosages): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upcoming Appointments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Doctor/specialist** | **Reason to visit** |
| **[Date]** | **[Time]** | **[Doctor’s Name]** | **[Reason to the visit]** |
| **[Date]** | **[Time]** | **[Doctor’s Name]** | **[Reason to the visit]** |
| **[Date]** | **[Time]** | **[Doctor’s Name]** | **[Reason to the visit]** |

**Previous Appointments:**

|  |  |  |
| --- | --- | --- |
| [Date] | [Doctor/specialist] | Reason for visit |
| [Date] | [Doctor’s Name] | [Reason for visit] |
| [Date] | [Doctor’s Name] | [Reason for visit] |
| [Date] | [Doctor’s Name] | [Reason for visit] |
|  |  |  |

**Notes and Follow-Up:**

* Document any notes or recommendations provided by your doctor during appointments.

**Prescriptions and Medications:**

* Keep track of any new prescriptions or changes to existing medications.

**Questions for Your Doctor:**

* List any questions or concerns you want to discuss during your next appointment.