

Doctor Visit Form

Dr. _____ Date: _____

Location: _____ Phone: _____

Before the Visit

Current Status/Questions (Discussion of Other Doctor Visits or Tests)

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Prescription Refills Needed

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During the Visit

Vital Statistics: Blood Pressure _____ Pulse _____ Weight _____

Discussion

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Diagnosis _____

Instructions until Next Visit (including lab and imaging tests needed)

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After the Visit – Review Discussion and Instructions

H.O.P.E. for the Alzheimer's Journey: Help, Organization, Preparation, and Education for the Road Ahead – Carol B. Amos