

Printable appointment sheet

Person: _____

Appointment with: _____

Date and time: _____

Purpose: _____

In the bag: ☐ insurance and Medicare cards ☐ photo ID ☐ medication list ☐ directive or POA ☐
last visit's notes ☐ letters and results since

Changes since last visit: _____

Question, in order	Answer, in the doctor's words

What happens next, and when: _____

Who to call in between: _____