



# Follow Up From My Visit

Name:

Date of Birth:

Primary Care Office Phone:

## APPOINTMENT

My appointment was on (date/time):

My appointment was with (name of doctor or nurse):

## PLAN

New diagnosis:

Labs or X-rays:

Changes in my medications:

Appointments with a specialist/other doctor:

Referrals to other services:

Other:

Reason to call my Primary Care Provider:

Who needs to be told about the results of this visit?

Name:	Tel:	Email:
Name:	Tel:	Email:

## WHAT HELP DO I NEED?

# WHO DO I CALL IF I HAVE A PROBLEM?

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

Telephone:

## NEXT APPOINTMENT WITH MY PRIMARY CARE PROVIDER

My next appointment is on (date/time):

What do I need to bring the next time I visit this doctor?

ACTION ITEM	WHO IS RESPONSIBLE	DATE DUE	DATE DONE

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