

Doctor's Appointment Checklist

Doctor: _____

Date: _____

<input type="checkbox"/> Insurance Cards	Notes:
<input type="checkbox"/> List of Current Medications + Doses & Frequency	Notes:
<input type="checkbox"/> Medical History (For New Doctors)	Notes:
<input type="checkbox"/> Names, Contact Details for Patient's Other Doctors	Notes:
<input type="checkbox"/> List of Questions for Doctor	Notes:
<input type="checkbox"/> Calendar/Planner to Record Follow-up Appointments	Notes: