

# Follow-Up Appointment

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in the following information before and during your appointment to follow up on a health problem.

## Concerns

What health problem is the reason for this return appointment?

What questions or concerns do I want addressed during this appointment?

Do I have any new symptoms? Yes      No  
If yes, include how long I have had them and what helps relieve them. If I have pain, describe where it is, how it feels, and how severe it is.

## Treatment issues

Have I had any difficulty carrying out my treatment for this condition? Yes      No  
If yes, describe briefly:

Have I had any recent stresses that may affect my ability to care for the condition I have? Yes      No  
If yes, describe briefly:

Do I need any special written information or instructions to help me care for the disease or condition I have, such as instructions about monitoring my blood sugar if I have diabetes? Yes      No

Are there any new treatments or tests for this condition?

What are the benefits and risks of the new treatments or tests?

What could happen if I choose not to have the new treatment or test?

**Follow-up**

What signs and symptoms should I watch for?

When should I call to report signs and symptoms?

**When should I contact my health professional?** Fill in the appropriate box below with the date and time.

<b>Check here if no contact is needed.</b>	<b>Call to find out test results or to report how I am doing:</b>	<b>Return for an appointment:</b>
	Date:                      Time:	Date:                      Time:

**Reminder**

Bring all the records you have been keeping since your last visit, such as a blood sugar record if you have diabetes.



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