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My next doctor's visit

Name: _____ DOB: _____

When do I see my family doctor again?

Doctor's name _____ Date _____ Time _____

My next blood work _____ Date _____

Other tests _____

What other doctors do I need to visit?

1. Doctor's name _____ Date _____ Time _____

Reason for visit _____ Phone: _____

Address _____

2. Doctor's name _____ Date _____ Time _____

Reason for visit _____ Phone: _____

Address _____

Provider Signature _____