

For more information, go to www.healthliteracynow.org

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 _____

Signature _____

For more information, go to www.healthliteracynow.org

Name: _____ DOB: _____

3. Doctor's name _____ Date _____ Time _____

Reason for visit _____ Phone: _____

Address _____

4. Doctor's name _____ Date _____ Time _____

Reason for visit _____ Phone: _____

Address _____

5. Doctor's name _____ Date _____ Time _____

Reason for visit _____ Phone: _____

Address _____

Other Instructions:

Signature _____