

Doctor Appointment Planner

Appointment Information

Doctor/Specialist: _____

Date & Time: _____

Location: _____

Reason for Appointment:

Current Concerns or Changes

- | | |
|---|---|
| <input type="checkbox"/> Falls or balance issues | <input type="checkbox"/> Increased anxiety/depression |
| <input type="checkbox"/> Memory changes/confusion | <input type="checkbox"/> Pain or discomfort |
| <input type="checkbox"/> Medication concerns | <input type="checkbox"/> Changes in mobility |
| <input type="checkbox"/> Appetite or weight changes | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Sleep concerns | |

Symptoms or Questions to Discuss

1. _____
2. _____
3. _____
4. _____

Current Medications to Review

Important Updates Since Last Visit

- ER visit
- Hospital stay
- New diagnosis
- New medication
- Change in behavior or memory
- Increased caregiver concerns
- Other:

Notes During Appointment

Doctor Recommendations / Next Steps

- Medication changes
- Follow-up appointment
- Lab work/testing
- Therapy/home health referral
- Specialist referral
- Safety recommendations
- Lifestyle or diet changes

Details:

Follow-Up Tasks

- Pick up prescriptions
- Schedule next appointment
- Schedule testing
- Update family members
- Arrange transportation
- Contact insurance
- Other:

Next Appointment Date:
