

Acute Visit

Doctor seen: _____ Date: _____

Reason for the visit: _____

Symptom

Describing information

Diagnosis: _____

Treatment Ordered

Medicine name: _____

How to take it: _____

Side effects: _____

How to follow up: _____

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How to take it: _____

Side effects: _____

How to follow up: _____

Other Treatments: _____

Recommended Testing: _____

Follow up:

When should I be seen back in the office: _____

Under what circumstances should I call you? _____

What type of information can I gather to help you with your evaluation? _____