



Doctor Appointment Tracking Work Sheets



Make goals achievable. Make goals that empower you.

<https://aspire.care/symptoms-diagnosis/your-first-appointment>

Date: _____

Physician: _____

Check List

Documentation

- Documentation regarding diagnosis
- Documentation for school
- Other documentation
- Referrals to other specialists
- Super Bill to submit to insurance for reimbursement

Labwork

- Copy of current labwork
- New labwork requisition forms

Treatment Plan/Medication List

- Prepared by the provider or ASPIRE Appointment Tracking Sheets
- Medication List - reason, dosage, start & stop dates, adverse reaction plan
- New Prescription forms
- What you should do when symptoms remit and relapse

Follow Up Plans

- Next appointment date
- List of additional specialists to see
- Labs to do before next appointment

Emergency Plans

- What constitutes an emergency?
- What does the doctor suggest you do in an emergency?
- Does the doctor have an emergency number?
- Will the doctor consult with an Emergency Room as needed?



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Date: _____

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Recent Labs

Make sure to get a copy of the current labs. You probably won't need to fill out this form for each lab drawn. But it can help you remember the significance of specific labs.

Test _____

Result _____

Treatment _____

Test _____

Result _____

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Test _____

Result _____

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Test _____

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Treatment Plan/Medication List

For each medication/supplement, you want to know why it is recommended, the potential side effects, and what to do if you have an adverse reaction. Make sure to know the recommended brand unless it is a prescription and the dosage. You need to know when and in what order to start treatments because you may want to stagger implementation to see results or side effects in some cases. Ask if treatment has an end date or if this will be a long course of treatment. If the patient's symptoms remit, which treatment should you cease, which should you continue with and what should you do if symptoms relapse?

Medication _____

Reason for Taking _____

Side Effects & Action _____

Brand _____

Dosage & Frequency _____

Priority/Start Date _____

End Date _____

Medication _____

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