



# 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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## 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 \_\_\_\_\_

Treatment \_\_\_\_\_

Test \_\_\_\_\_

Result \_\_\_\_\_

Treatment \_\_\_\_\_

Test \_\_\_\_\_

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Treatment \_\_\_\_\_



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Date: \_\_\_\_\_

Physician: \_\_\_\_\_

## 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 \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Side Effects & Action \_\_\_\_\_

Brand \_\_\_\_\_

Dosage & Frequency \_\_\_\_\_

Priority/Start Date \_\_\_\_\_

End Date \_\_\_\_\_

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Reason for Taking \_\_\_\_\_

Side Effects & Action \_\_\_\_\_

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Dosage & Frequency \_\_\_\_\_

Priority/Start Date \_\_\_\_\_

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