DK Law

APPOINTMENT SUMMARY LOG

Medical Appointment Tracker

Name: _____ Injury/Accident Date: _____ Page ___ of ___

Appointments

#	Date	Provider / Facility	Type of Visit	Key Outcome (one line)	Next Appt
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total copays this page:
$ _____

Total mileage this page:
_____ mi

Total work hours missed this page:
_____ hrs

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DK Law

APPOINTMENT DETAIL SHEET

Medical Appointment Tracker

Appointment Info

Appointment Date: _____ Time: _____

Healthcare Provider Name: _____

Provider Phone: _____ Specialty/Type: _____

Location/Facility: _____

Reason for Visit: _____

BEFORE - Prepare

Current Symptoms to Discuss: _____

Questions to Ask:

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

DURING/AFTER - Record

Pain Level Reported: 1 2 3 4 5 6 7 8 9 10 *Circle one*

Diagnosis/Assessment: _____

Tests Ordered: _____

Treatment/Procedures Performed: _____

New Medications Prescribed:

Medication	Dosage	Frequency	Purpose	Pharmacy

Referrals Given: _____

Restrictions or Limitations Given: _____

Follow-Up Instructions: _____

Next Appointment Scheduled: _____

What the provider said about my progress: _____

Write down what they told you out loud. Verbal comments often never appear in your medical records.

Costs for This Visit

Copay/Cost:	Mileage (round trip):	Parking/Tolls:	Work Time Missed:
$ _____	_____ mi	$ _____	_____ hrs