TEMPLATE G

Appointment Packet and Medication List

Appointment packet (one page per visit) Date/time ____ · Doctor ____ · Reason ____ · Who's attending ____ · Transportation ____ · Placard? ____ Top three questions: 1. ____ 2. ____ 3. ____ Changes since last visit (falls, symptoms, weight, hospital stays): ____ Results/orders after visit: ____ · Follow-up date: ____ · Portal message sent to family: ____

Medication list

Medication	Dose	When taken	Purpose	Prescriber	In pack?	Start date	Notes

Allergies: ____ · Pharmacy: ____ · Last reviewed: ____