Appointment Notes

Bring this page to each visit and write the answers down before you leave.

Qualicare

Doctor or provider		**Date**	
Reason for visit			
What the doctor recommended			

New medicine

Medicine name		**Sent to pharmacy?**	☐ Yes ☐ No
What it's for			
Dose		**When to take it**	
How to take it	☐ With food ☐ On an empty stomach ☐ Either is fine		
Side effects to watch for			
Medicines or foods to avoid with it			

Next steps

Follow-up needed?	☐ Yes ☐ No ☐ Not sure	**With whom**	
When		**Phone**	
To-do list			

Notes