

TODAY'S VISIT

Please complete this with your patient during each encounter.

Why did I come to the clinic today?

What did they do?

When should I come back to the health clinic?

Do I have any other appointments?

If Yes,

Name:

Reason:

Where:

Date:

Other information for me or my caregivers:

(Things I should pay attention to? Things I should do differently? When should I come back to the clinic?)

This tool is available for Practice Solution Users in the [PS Suite Community Portal](#)

Continued →



Were there changes to my medication? YES or NO

If yes:

1. Medication Name:

I am to take this _____ times per day.
I am to stay on this for _____ days
Why do I need to take this?

2. Medication Name:

I am to take this _____ times per day.
I am to stay on this for _____ days
Why do I need to take this?

Are there any other things I should know about my medication?

Are there any medicines that I don't need to take any more?

Do I need any help getting or paying for my medication?

Are there any questions I want to ask before I leave?

If I have questions once I am home, I can call the clinic at:

