

# PATIENT VISIT SHEET

---

Welcome to Apollo Medical.

Your appointment with your doctor today is 15 minutes. We recommend you give some thought to the following questions so that you cover the problems which are important to you during your time with the doctor. Please talk with the receptionists if you think you will require more time with the doctor.

**Name:** \_\_\_\_\_

1. What brings you to the doctor today?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Do you need medication refills today? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Have you been to hospital or another doctor since your last visit? *If so explain and list the dates.*

- \_\_\_\_\_
- \_\_\_\_\_

## On completion of your visit check with your Doctor

1. What am I to do next?

- \_\_\_\_\_
- \_\_\_\_\_

2. How I will be informed of any results:

- TXT,                      letter,                      phone,                      only if results are abnormal

3. What should I do if things don't go to plan

- \_\_\_\_\_
- \_\_\_\_\_