Medical Note Taking Form

Date & time:
YesNo

Summary of visit:

(Add to notes on back)

Medical changes: e.g., new medication, new diagnosis, new treatments, new recommendations

Clarifying questions for physician: e.g., Do you have any more questions for the doctor? Do you feel completely clear about the doctor's recommendations?

Follow-up appointments:

Treatment recommendations (if appropriate):

Read back to physician: ____Yes ____No

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