

# PHA'S EMPOWERED PATIENT ONLINE TOOLKIT



## APPOINTMENT SUMMARY WORKSHEET

FILL THIS OUT WITH YOUR MEDICAL TEAM AFTER YOUR APPOINTMENT. MAKE COPIES FOR YOUR OTHER DOCTORS TO KEEP THEM UP-TO-DATE.

Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Reason for appointment:

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Any changes to treatment plan?  No  Yes (describe below)

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Other important notes:

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Date of next appointment: \_\_\_\_\_

QUESTIONS AND NOTES