

My Appointment Tool

Appointment Details:

Date of Appointment: _____	Time of Appointment: _____
Location of Appointment: _____	
What is the appointment for? _____	

Details of the service provider:

Service Provider's Name: _____	Job Title: _____
Name of their Organization: _____	
Contact Number: _____	Email Address: _____
Hours of Operation: _____	

Key Questions I want to ask:



Advice and Information Given:

General: _____

Key Words/definitions:

Diagnosis: _____

Prescriptions: _____

Referrals:

Date (if available): _____ **Expected Wait Time:** _____

Service Provider's Name:

Address: _____

Phone Number: _____ **Email:** _____

Next steps critical to the follow-up:

For me to do:

Service provider to do:

- Remember to ask for reports to be printed or emailed to you.

Who can I contact for more information? Name: _____
Contact Number: _____ **Email Address:** _____

