

## Patient's Medical History

We've found that it's vitally important to keep an updated copy of the patient's medical history on hand. This is the best way to ensure that doctors get the complete, accurate information they need to provide optimal care. It will also give you the peace of mind that comes from knowing you haven't forgotten any significant details, especially considering the stress you're under.

The following is an example of a basic medical history. Don't, however, regard these categories as definitive. Be sure to include any information you think might help a doctor better understand your patient's medical history.

### Personal Data

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

Phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Primary care doctor: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### Insurance Information

Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Policy numbers: \_\_\_\_\_

### Doctors Seen Since Diagnosis

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

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Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

## Significant Medical History

Including pregnancies, short- and long-term illnesses, heart conditions, high or low blood pressure, diabetes, high cholesterol, cancer, chronic illness, HIV/AIDS, or other conditions; include dates.

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

## WHEN A LOVED ONE FALLS ILL

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

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Condition/event: \_\_\_\_\_

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Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

Condition/event: \_\_\_\_\_

Dates: \_\_\_\_\_

### Personal Habits

How much you smoke, drink, exercise: \_\_\_\_\_

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### Current Medications

Pharmacy: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

Dose: \_\_\_\_\_ When taken: \_\_\_\_\_

When began: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

Dose: \_\_\_\_\_ When taken: \_\_\_\_\_

When began: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_  
Dose: \_\_\_\_\_ When taken: \_\_\_\_\_  
When began: \_\_\_\_\_  
Side effects experienced: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_  
Dose: \_\_\_\_\_ When taken: \_\_\_\_\_  
When began: \_\_\_\_\_  
Side effects experienced: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_  
Dose: \_\_\_\_\_ When taken: \_\_\_\_\_  
When began: \_\_\_\_\_  
Side effects experienced: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_  
Dose: \_\_\_\_\_ When taken: \_\_\_\_\_  
When began: \_\_\_\_\_  
Side effects experienced: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_

### Over-the-Counter Products

Including vitamins, supplements, herbs: \_\_\_\_\_  
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## Allergies

To medicines, foods, natural and man-made substances, insects, anything else that causes an unusual reaction, and how your body responds.

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

## Hospitalizations

Including in-patient stays, out-patient procedures, ER visits.

Condition: \_\_\_\_\_

Procedures: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_

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Condition: \_\_\_\_\_

Procedures: \_\_\_\_\_

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Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_

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Condition: \_\_\_\_\_

Procedures: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_

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Condition: \_\_\_\_\_

Procedures: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

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Condition: \_\_\_\_\_

Procedures: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_

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WHEN A LOVED ONE FALLS ILL

Condition: \_\_\_\_\_  
\_\_\_\_\_

Procedures: \_\_\_\_\_  
\_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_  
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Condition: \_\_\_\_\_  
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Procedures: \_\_\_\_\_  
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Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

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Condition: \_\_\_\_\_  
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Procedures: \_\_\_\_\_  
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Hospital/doctor: \_\_\_\_\_

Dates: \_\_\_\_\_

Notes: \_\_\_\_\_  
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## Surgeries

Major and minor, including dates, problems with anesthesia, or any other complications.

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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WHEN A LOVED ONE FALLS ILL

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

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Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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## Recent Blood Tests

Get a copy of recent blood work, such as glucose, fasting cholesterol, white blood cell count, cancer values, kidney function, etc.

Glucose:	Date: _____	Value: _____
	Date: _____	Value: _____
Fasting cholesterol:	Date: _____	Value: _____
	Date: _____	Value: _____
White blood cells:	Date: _____	Value: _____
	Date: _____	Value: _____
_____:	Date: _____	Value: _____
	Date: _____	Value: _____
_____:	Date: _____	Value: _____
	Date: _____	Value: _____
_____:	Date: _____	Value: _____
	Date: _____	Value: _____
_____:	Date: _____	Value: _____
	Date: _____	Value: _____

## Special Tests and Procedures

X-rays, EKG, stress test, echocardiogram, colonoscopy, etc.

Procedure: _____	
Hospital/doctor: _____	Date: _____
Procedure: _____	
Hospital/doctor: _____	Date: _____
Procedure: _____	
Hospital/doctor: _____	Date: _____

WHEN A LOVED ONE FALLS ILL

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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



## Injuries, Accidents, Disabilities

And how they were treated:

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Condition/incident: \_\_\_\_\_

Hospital/doctor: \_\_\_\_\_

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

Notes: \_\_\_\_\_

## Current Conditions

Including symptoms:

Condition: \_\_\_\_\_ Since: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatments (medications and procedures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition: \_\_\_\_\_ Since: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatments (medications and procedures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Condition: \_\_\_\_\_ Since: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatments (medications and procedures): \_\_\_\_\_

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Condition: \_\_\_\_\_ Since: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatments (medications and procedures): \_\_\_\_\_

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Condition: \_\_\_\_\_ Since: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatments (medications and procedures): \_\_\_\_\_

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## WHEN A LOVED ONE FALLS ILL

**Condition:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Symptoms:** \_\_\_\_\_

**Treatments (medications and procedures):** \_\_\_\_\_

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**Condition:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Symptoms:** \_\_\_\_\_

**Treatments (medications and procedures):** \_\_\_\_\_

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### **Any Other Information You Think Is Pertinent**

Such as psychological problems, sleep disturbances, phobias, etc.: \_\_\_\_\_

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### **Record of Appointments, Treatments, Medications**

You need to keep track of the dates and times of appointments with doctors, and what they said. Write down every medication taken and the reaction to it. I even wrote down Brian's blood pressure after each procedure.

Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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\_\_\_\_\_

Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

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**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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Doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Questions to ask: \_\_\_\_\_

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Answers: \_\_\_\_\_

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News/changes: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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Changes in routine: \_\_\_\_\_

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Treatments/tests: \_\_\_\_\_

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Results: \_\_\_\_\_

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To do before next appointment: \_\_\_\_\_

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Notes: \_\_\_\_\_

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**WHEN A LOVED ONE FALLS ILL**

*(Record of Appointments, Treatments, Medications cont'd)*

**Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reason for visit:** \_\_\_\_\_

**Questions to ask:** \_\_\_\_\_

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**Answers:** \_\_\_\_\_

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**News/changes:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Changes in routine:** \_\_\_\_\_

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**Treatments/tests:** \_\_\_\_\_

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**Results:** \_\_\_\_\_

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**To do before next appointment:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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