

PATIENT VISIT SUMMARY
(To be completed by MA or person designated by the Provider)

Thank you for attending your appointment today!

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Today's appointment was with _____ and we talked about the following:

Reason for Visit: (circle one) Well Visit Sick Visit Other: _____

My Diagnosis(s): _____

Referral: Yes No I was referred to: _____

Medication change: Yes No

I will stop taking: _____ I will start taking: _____

Prescription given: Yes No

I was prescribed: _____

My prescription was sent to: _____

Lab Tests: Yes No

Test name: _____

I will get my results: (circle) By phone/fax Electronically

Diagnostic Tests: Yes No

Test name: _____

I will get my results: (circle) By phone/fax Electronically

Treatment/ Education: Yes No

My treatment/education was: _____

Follow up Appointment: Yes No

My next appointment is on: _____

I have received a copy of my visit today and all questions have been answered.

Patient Signature: _____

Staff Signature: _____

This form may contain personal information do not throw into general trash