

Medical Appointment Notes

Patient name _____

DOB _____

Reason for visit:

Bring current Medication Administration Record or a list of current medications

Questions	Answers (continue on back if more space is needed)
1.	
2.	
3.	
4.	

Notes:

New medication:

- Brand name: _____ Generic name: _____
- Purpose: _____
- Indications of desired effect: _____
- How long to be effective? _____
- Side effects, adverse reactions, signs of overdose: _____
- Interactions with other current meds? _____
- Special administration or storage instructions: _____
- _____

Orders:

Signed _____ Date _____