

Health Tracking: Appointments

General Information:

*Individual: _____
*Program: _____
*Entered By: _____

Time zone: _____
*Date: _____
*Reported By: _____

Notification Level: Low Medium High

Appointment Information:

Appointment Status: Scheduled Not-scheduled Re-Scheduled Result Pending Completed Cancelled
 Missed Declined

*Begin Time: _____ am/pm End Time: _____ am/pm

*Appointment with:

Consultant: _____

Hospital: _____ Other: _____

*Specialty: Allergy & Immunology Anesthesiology Audiology Cardiology Chiropractic Colon Rectal
 Dentist Dermatology Ear, Nose, Throat Emergency Medicine Endocrinologist Endocrinology,
Diabetes & Metabolism Endovascular Surgical Neuroradiology Epidemiology Family Medicine
Gastroenterology General Practice Geriatrics Gynecology Hematology Hepatology Infectious
Disease Internal Medicine Medical Genetics Neonatology Nephrology Neurological Surgery
Neurology Nuclear Radiology Nutrition Obstetrics & Gynecology Occupational Therapy Oncology
(Cancer) Ophthalmology/ Optometry Orthopedics Otolaryngology Pathology Pediatrics Phlebotomy
 Physiatry Physical Medicine & Rehabilitation Physical Therapy Plastic Surgery Podiatry Preventive
Medicine Primary Care Psychiatry Psychology Pulmonology Radiology Rheumatology Speech
Therapy Urology Wound Care

Location Type: Home Hospital Office Other _____

*Address:

Street 1: _____

Street 2: _____

City: _____

Country: _____

State: _____

Zip Code: _____

Phone: _____

Driver: _____

Pick Up At: _____

Depart Time: _____ am/pm

Reason for Appointment: Annual Dental Screening Annual Physical Colonoscopy DEXA Scan Dental
Cleaning Eye Exam Follow-up Appointment Hearing Exam Lab Work Mammogram New Appointment
 OB/GYN Exam & Pap PSA Screening Psychiatric Consultation Regularly scheduled Other

Description: _____

External Attachment(s):

Attach File: Attached

Appointment Results: Diagnosis Lab Results Change to or new medications or treatments (*Note this information does not constitute a doctor's order*) Follow Up Appointment Other

Description: _____

Comments: _____

SIGNATURE **NAME** **DATE** **TIME** am/pm
Note: Required fields are marked with an asterisk (*)