

Doctor Appointment Prep Sheet

Name _____ Date of birth _____ Last updated _____

ALLERGIES

Medications, foods, and anything else. Note the reaction.

HEALTH CONDITIONS**MEDICATIONS**

Include vitamins, supplements, and anything bought without a prescription.

Medication	Dose	How often	What it is for	Prescribed by

PHARMACY

Name _____ Phone _____ Address _____

DOCTORS

Name _____ Specialty _____ Phone _____

Name _____ Specialty _____ Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

**Did you know you can log care on your phone?**

The Carespondence app keeps a record of care in one place. Tap to record care as it happens, then share an update with family or the care team.

Scan to try it free for 7 days, or visit carespondence.com/log/prep