

Health Tracking: Appointments

Section 1-General Information

Individual Name * : _____ Program Name: * : _____
Time zone: _____ Appointment Date:* _____ Time:* _____ am /pm
Entered By: _____ Reported By: * _____

Notification Level: Low Medium High

Section 2- Appointment Information:

Appointment Status: Scheduled Not-scheduled Re-Scheduled Completed Canceled Missed

Appointment with: *

Consultant: _____ Hospital : _____
Appointment Type: * _____

Location Type: Home Hospital Office Other If Other _____

Address: *

Street 1: _____ Street 2 : _____
City : _____ County: _____ 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: _____

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: _____

External Attachment(s): Attach File: Attached

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