



POM: Health Visit Log

Name: _____

Date: _____ Doctor/Location: _____

Height: _____ Weight: _____ BP: _____ Temperature: _____

Reason for Appointment/Symptoms:

Questions to ask:

Diagnosis/Feedback:

Directions from Doctor:

1. _____

2. _____

3. _____

Prescriptions/Tests ordered:

Notes:
