

Health Maintenance Appointment Tracker

Medical Appointments

Quarterly HIV Provider Visits

Last Appt:	Next Appt:
Last Appt:	Next Appt:
Last Appt:	Next Appt:
Last Appt:	Next Appt:

Quarterly Blood Tests

Last Appt:	Next Appt:
Last Appt:	Next Appt:
Last Appt:	Next Appt:
Last Appt:	Next Appt:

Annual Pap Smear

Last Appt:	Next Appt:
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Annual Test for TB

Last Appt:	Next Appt:
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Annual Hepatitis B Test

Last Appt:	Next Appt:
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OR Hepatitis B Vaccination

First Shot:
Second Shot:
Third Shot:

Annual Hepatitis C Test

Last Appt:	Next Appt:
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Annual Dentist Visit

Last Appt:	Next Appt:
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Annual Ophthalmologist (eye) Visit

Last Appt:	Next Appt:
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FOLD



FOLD



Preparing for Your Appointment

Before Your Visit

Patient ID:

Doctor/Provider:

Date:

Time:

Location:

How will I get there?

Drive Myself

Family/Friend

Taxi/Car Service

Other

Is the PN accompanying you?

Yes

No

Will you need an interpreter?

Yes

No

Questions and Answers

Q:

A:

Q:

A:

Q:

A:

After Your Visit

Before you leave your appointment

Do you need any medications refilled this month?

Your next appointment is with:

Date:

Time: AM PM

Location:

What did you talk about with your provider during this appointment?

Were any changes made to your medications? Yes No

If yes, what were they?

Did I have any tests or were any ordered? Yes No

If yes, what were they?
