



## Communication Note

To tell the doctor: New or recurring symptoms, side effects, changes?  
When did it start / stop and how long did it last?  
Are things better or worse?

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## Medications

Check current list / dosage / frequency  
Changes / refills / renewals  
Questions / concerns / side effects?

\_\_\_ Prescription form(s) for pharmacy

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## Instructions from the doctor:

\_\_\_ A copy of the visit summary with current list of medications  
\_\_\_ Follow up appointment needed / scheduled.

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## Referral / Next Steps

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This information is for educational purposes only and does NOT provide any legal, medical or financial advice.  
The goal is to provide general information so that you can seek out professional assistance  
from the appropriate subject matter expert

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