

TODAY'S VISIT

Main reason for today's visit: _____

Other concerns I would like to discuss if there is time: _____

Check all that apply:

- I have prescriptions that need to be refilled.
- I need a school or work excuse.
- I need a referral for my insurance company.
- I need the attached forms filled out.
- I would appreciate prayer today.

Patient's name: _____

Date of birth: _____ / _____ / _____



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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