

Medical Note Taking Form

Member's name: _____ **Date & time:** _____
Physician's name: _____
Health advocate's name: _____
Purpose of visit: _____
Consent Form signed & offered to physician: ____ Yes ____ No

Summary of visit:

(Add to notes on back)

Medical changes: e.g., new medication, new diagnosis, new treatments, new recommendations

Clarifying questions for physician: e.g., Do you have any more questions for the doctor? Do you feel completely clear about the doctor's recommendations?

Follow-up appointments:

Treatment recommendations (if appropriate):

Read back to physician: ____ Yes ____ No

This form has been developed by the Health Advocacy Committee, Bellingham At Home (BAH), a senior support organization, to be used only for BAH members, their chosen health advocates, and their physicians and other medical personnel. Bellingham At Home serves under the auspices of Whatcom Council on Aging, who assume no responsibility for health outcomes. Our aim is to support the patient and doctor relationship. All member disclosures are held in the strictest confidence.