



Medical Appointment Notes/Guide

Date _____ Time _____
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Member Name: _____

Practitioner Name: _____

Member's questions as identified in the Penn's Village Health Pal Pre-Appointment

Member Question	Practitioner Response

Practitioner Interpretation of Test Results & Physical Examination

Medication Changes

New Diagnoses



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Practitioner Recommendations

Changes in Treatment Plan

Other Comments/Issues:

Referrals

New appointment date

Penn's Village Health Pal _____