# **Doctor's visit summary**



#### Visit details:

| Doctor's                |  |
|-------------------------|--|
| name:                   |  |
| Location:               |  |
| Visit date<br>and time: |  |

#### **Pre-visit checklist:**

- □ Insurance information
- □ Medical history
- □ Medication records and current supplements
- $\hfill\square$  List of allergies
- □ Names and contact details of other doctors
- □ Care journal or diary
- Glasses and hearing aids as needed

## Diagnosis:

| Dementia<br>diagnosis  |  |
|--|--|
| <i>Type and stage of<br/>dementia<br/>Expected course of<br/>decline</i> |  |
| Test done and the results  |  |
| Common<br>symptoms to<br>look for  |  |
| Symptom<br>management  |  |

### Care management:

| Were any<br>medications<br>prescribed or<br>changed? |  |
|--|--|
| Care plan and goals                                  |  |
| Activities to try                                    |  |
| Activities to<br>avoid                               |  |

| Advice on<br>additional |  |
|-------------------------|--|
| resources               |  |
|                         |  |
|                         |  |
|                         |  |

## Followup plan:

| Date and time<br>of next appt                   |  |
|---|--|
| Who to contact<br>with questions<br>or concerns |  |
| Actions to take<br>before next visit            |  |

### Additional notes:

Don't forget to post a summary of the visit to the Lizzy Carefeed