

MY PERSONAL MONTHLY CALENDAR

MONTH/YEAR _____

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: _____



MY PERSONAL ANNUAL CALENDAR

EXAMPLE

Year _____

| | |
|------|---------------------------------------|
| Wk 1 | Make appt w/Dr. Smith 2pm |
| Wk 2 | Schedule follow-up appt w/Radiologist |
| Wk 3 | |

JANUARY

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

FEBRUARY

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

MARCH

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

APRIL

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

MAY

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

JUNE

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

JULY

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

AUGUST

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

SEPTEMBER

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

OCTOBER

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

NOVEMBER

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

DECEMBER

| |
|------|
| Wk 1 |
| Wk 2 |
| Wk 3 |
| Wk 4 |
| Wk 5 |
| Wk 6 |

NOTES: _____



MY APPOINTMENT SUMMARY

Use for appointments with your healthcare team, treatments, procedures, and tests.

Appointment Prep

Office visit Treatment appointment Procedure Test Other

Appointment date & time:

Doctor/facility:

Phone:

Address:

Referred by:

Reason for appointment:

| | | | | | |
|--|---|-------------------------------------|--------------------------------|--------------|---------------------------|
| Things to bring to appointment: (circle what applies) | My Appointment Companion Another person | Insurance card List of questions | Medical records Medications | ID Co-pay | Recording device _____ |
|--|---|-------------------------------------|--------------------------------|--------------|---------------------------|

Updates on your health and medication changes since last visit:

Question #1

Answer #1

Question #2

Answer #2

Appointment Results

Treatment/medication(s) prescribed:

Discussed:

Notes/Action Items:

Next appointment date & time:

