Health Appointment Record

To be completed by the health professional on each visit to a GP / Nurse / Hospital / Dentist / Optician Please provide only basic information to identify the health issue and the health service provided (with the individual's consent). Please avoid recording details of sensitive health information.

If any information changes do not cross out or erase. Complete a new sheet and store the old one securely.

Name

I like to

Date of birth

be called

Date	Name of Health Professional	Profession	Contact Details	Reason for Appointment and Outcome	Signature

Date	Name of Health Professional	Profession	Contact Details	Reason for Appointment and Outcome	Signature