

MEDICAL PLANNER

by: Harry Wheat



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Family History

Mother's Side

Name	Relationship	Condition/illness	Age of Onset	Cause of Death	Age of Death

Father's Side

Name	Relationship	Condition/illness	Age of Onset	Cause of Death	Age of Death

Siblings

Name	Relationship	Condition/illness	Age of Onset	Cause of Death	Age of Death

Appointment Calendar

January

February

March

April

May

June

July

August

September

October

November

December

Medical Contacts

Speciality:

Name:	Profession:	
Phone:	Address:	
Account #:	Website/Email:	
Notes:		

Speciality:

Name:	Profession:	
Phone:	Address:	
Account #:	Website/Email:	
Notes:		

Speciality:

Name:	Profession:	
Phone:	Address:	
Account #:	Website/Email:	
Notes:		

Speciality:

Name:	Profession:	
Phone:	Address:	
Account #:	Website/Email:	
Notes:		

Speciality:

Name:	Profession:	
Phone:	Address:	
Account #:	Website/Email:	
Notes:		

Lab Test Results

Date	Lab Location	Requesting Doctor
Lab(s):		
Results:		
Comments:		
Date	Lab Location	Requesting Doctor
Lab(s):		
Results:		
Comments:		
Date	Lab Location	Requesting Doctor
Lab(s):		
Results:		
Comments:		
Date	Lab Location	Requesting Doctor
Lab(s):		
Results:		
Comments:		
Date	Lab Location	Requesting Doctor
Lab(s):		
Results:		
Comments:		

Health Screening

Screening Test	Data Completed						
Routine Physical							
Body Mass Index							
Cholesterol							
Blood Pressure							
Hepatitis B							
STDs							
Hemoglobin A1c(diabetes)							
Colorectal Cancer Screen							
Skin Cancer Screen							
Hearing Exam							
Vision Exam							
Dental Exam							

Screening Test	Immunizations						
Tetanus							
Influenza Vaccine							
Pneumococcal							
Hepatitis B							
Zoster (shingles)							

**THANK
YOU!**