



# Urgent Care Preparation Form

*A quick guide to help you prepare for today's visit and ensure your care continues smoothly.*

**Name:** \_\_\_\_\_ **Form Completion Date:** \_\_\_\_\_

## 1. Your Current Concern

*What symptoms are you experiencing?*

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

When did they start? \_\_\_\_\_

Has anything made them worse or better? \_\_\_\_\_

## 2. Tracking Your Readings

*Temperature / Vital readings (if taken):*

**Notes:** \_\_\_\_\_

Any home treatments tried? (medications, rest, fluids, ice/heat, etc.) \_\_\_\_\_

## 3. What's Different Today

Describe what feels new, different, or concerning about this episode:

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

Why did you decide urgent care was the right choice today?

## 4. Your Medication List (Attach Your Living Medication List)

*Bring your full medication list or copy essential highlights here:*

**MED #1:** \_\_\_\_\_

**MED #2:** \_\_\_\_\_

**MED #3:** \_\_\_\_\_

**MED #4:** \_\_\_\_\_

## 5. Questions/Concerns You Want to Ask/Share the Clinician

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Urgent Care Visit Record

Date of Visit: \_\_\_\_\_

*(For the patient to complete during or after the visit)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title of Occurrence: \_\_\_\_\_

## Urgent Care Summary Sheet

Record what happened today so your primary care team can stay informed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Facility Name & Location: \_\_\_\_\_

Attending Clinician (Name & Credentials): \_\_\_\_\_

Reason for Visit (Clinician Notes): \_\_\_\_\_

\_\_\_\_\_

2. Diagnosis & Clinical Findings \_\_\_\_\_

Diagnosis or suspected diagnosis: \_\_\_\_\_

Tests Performed ☐ Rapid flu test ☐ Rapid strep test ☐ COVID test ☐ Urinalysis ☐ X-ray ☐ Bloodwork

☐ Other: \_\_\_\_\_

Results (if provided):

3. Treatments Given During the Visit \_\_\_\_\_

4. Prescribed Medications *(Use your medication list template to update doses, start dates & instructions.)*

Medication #1: \_\_\_\_\_ Medication #2: \_\_\_\_\_

Dose & Frequency: \_\_\_\_\_ Dose & Frequency: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication #3: \_\_\_\_\_

Dose & Frequency: \_\_\_\_\_

Reason: \_\_\_\_\_

5. Follow-Up Instructions: \_\_\_\_\_

Urgent care recommendations: \_\_\_\_\_

\_\_\_\_\_

When to follow up with your primary care provider: \_\_\_\_\_

Return precautions (when to seek help again): \_\_\_\_\_