



## Office Visit Follow-Up Instruction Sheet

### Rationale

Studies have shown that patient non-compliance can be related to lack of clear and concise instructions related to recommended tests and/or referrals. This tool will provide written instructions and is a handy reference for the patient.

- Written instructions will reinforce what was verbally told to the patient during the office visit and can be used as a reference for the patient's family.
- Documentation of instructions serves two purposes:
  - To prevent communication failures between the patient and the provider.
  - To facilitate understanding and compliance to instructions given for follow -up care and treatment.
- Lack of appropriate patient education/instruction concerning medications, ongoing care and treatment or other follow-up issues is a frequent allegation in malpractice cases. Appropriate patient education (and documentation of the patient education) will serve to improve patient care and satisfaction.
- A copy of the Instruction Sheet should be placed in the patient's chart.

Rationales and the tools are not legal advice and are not meant to substitute for medical judgment. You may have other tools, systems or protocols in your practice which may make this tool, or a part of it, unnecessary. Further, the tool, or parts of it, may not be applicable to your specialty or practice. You should use or adapt the tools only if appropriate for your practice. You should always consult your own legal counsel for current legal advice as laws and regulations may change.

## Sample Office Visit Follow-Up Instruction Sheet

Name:	
Date of Birth:	
Date:	

Medications:

Continue all previous medications: follow the changes, if any noted below:	

Appointment:

Next appointment with Dr. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Special Instructions: BRING ALL MEDICINE BOTTLES TO EACH OFFICE VISIT, INCLUDING ALL MEDICATIONS FROM OTHER PHYSICIANS AND ANY NON-PRESCRIPTION MEDICATIONS.**

Tests

Dr. \_\_\_\_\_ has ordered the following tests on your next visit:

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Fast 12 hours prior to lab work – no food or liquids after:

Other instructions:

Referral Appointments

You have been scheduled an appointment with:			
Date:		Time:	
You have been scheduled for:			
Date:		Time:	
Reason/Diagnosis:			

If you cannot keep your appointment, call the doctor's office that you have been referred to: *[insert doctor's name and phone number]*.

**IN CASE OF EMERGENCY GO TO THE NEAREST HOSPITAL OF YOUR CHOICE.**

Patient's signature:		Date:	
Instructions by:		Date:	