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APPOINTMENT PREPARATION TEMPLATE

Organize the information you most want to communicate before the appointment so limited visit time is spent on the right things.

Appointment date:

Clinician / specialty:

Reason for this visit

New or changing symptoms / concerns

Include when they started, frequency, severity, triggers, and effect on daily life:

Recent changes

Medications, supplements, sleep, appetite, activity, stress, home readings, or other changes:

My top three priorities

1.

2.

3.

Privacy reminder: This worksheet may contain private health information. Store it securely and share it only as appropriate.

LEAVE WITH CLARITY

APPOINTMENT PREPARATION - QUESTIONS

Questions I want answered

Before I leave

- ☐ What do you think is happening, or what are you trying to rule out?
- ☐ What is the plan and why?
- ☐ What should I watch for?
- ☐ When and how should I follow up?
- ☐ How and when will I receive results?
- ☐ What should make me call sooner or seek urgent care?

Notes / instructions: