HEALTHCARE APPOINTMENT PLANNER

Organize your thoughts, concerns, and questions before your appointment.

Provider: _____ **Date:** _____

My Top Questions or Concerns

1. _____
2. _____
3. _____
4. _____
5. _____

Symptoms or Changes Since My Last Visit

_____
_____
_____
_____

Medications or Supplements I Want to Discuss

_____
_____
_____
_____

Tests, Labs, or Procedures to Review

_____
_____
_____
_____

Notes From My Appointment

_____
_____
_____

Next Steps

□ Follow-up appointment

□ Additional testing

□ Medication changes

□ Lifestyle recommendations

□ Specialist referral

□ Other: _____

Questions I Forgot to Ask

My Biggest Takeaway From This Visit