Follow-Up Office Visit Planner

I'm in active treatment / Routine follow-up

Appt. Date: ___________ Location: ___________________________
Appt. Time: ___________ Doctor: ____________________________

List of Current Medications / Supplements (include prescribing doctor and dosage)

Current Side Effects and Symptoms

Mental Health Concerns (depression, anxiety, etc.)

Questions to Ask Your Doctor

How do you feel my treatment is working and what is that based on? ______________________________________________________________________________________

Have there been significant changes in my lab work since my last visit? ______________________________________________________________________________________

How do I know when it’s time to change treatment? ______________________________________________________________________________________

Are there any treatment side effects that I should look out for? ______________________________________________________________________________________

Which symptoms/side effects should I notify you of immediately? ______________________________________________________________________________________

Who can I contact if I have further questions or concerns? (name, phone email) ______________________________________________________________________________________

Additional Questions / Notes

My Visit Checklist

☐ Can you record the audio of the visit?
☐ Bring a friend or family member to take notes
☐ Discuss your visit on the way home