Follow-Up Office Visit Planner

I'm in active treatment / Routine follow-up

Patient Empowerment Network

Appt. Date: _____ Location: _____

Appt. Time: _____ Doctor: _____

My Visit Checklist

- ☐ Can you record the audio of the visit?
- ☐ Have a friend or family member there to take notes.
- ☐ Discuss your visit after with friend or family member.

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? _____

Can you tell me about disease progression and what the indicators may be? _____

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

What resources do you recommend to learn more about my MPN? _____

Are there diet or lifestyle changes I should consider? _____

Additional Questions / Notes: _____

Developed by
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