Appt. Date: Location:	Follow-Up Offi I'm in active treatment / Ro	ice Visit Planner	My Visit Checklist	Patient Empowerment Network
List of Current Medications / Supplements (include prescribing doctor and dosage)  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?			☐ Bring a friend or family member to take notes☐ Discuss your visit on the way home	
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?				
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?	List of Current Medication	ons / Supplements (include prescribing doctor and dosage)	Current Side Effects and Symptoms_	
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Have there been significant changes in my lab work since my last visit?	Questions to A	Ask Your Doctor		
	How do you feel my treatm	nent is working, and what is that based on? .		
How do I know when it's time to change treatment?	Have there been significant	t changes in my lab work since my last visit?		
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	How do I know when it's tir	me to change treatment?		
		me to change treatment.		
Are there symptoms or side effects that I should look out for? Which symptoms/side effects should I notify you of immediately?	Are there symptoms or sid.	e effects that I should look out for? Which s	vmntoms/side effects should I notify you	of immediately?
Are there symptoms of side effects that I should look out for. Which symptoms, side effects should i hothly you of immediately.		e effects that I should look out for. Willems	ymptoms/side effects should i nothly you	or infinediately.
Who can I contact if I have further questions or concerns? (name, phone, email)	Who can I contact if I have	further questions or concerns? (name, phone	e, email)	
Additional questions / notes	Additional questions / note	es		