### Follow-Up Office Visit Planner

**I'm in active treatment / Routine follow-up**

<table>
<thead>
<tr>
<th>Appt. Date:</th>
<th>Location:</th>
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<tr>
<td>Appt. Time:</td>
<td>Doctor:</td>
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<table>
<thead>
<tr>
<th>List of Current Medications / Supplements (include prescribing doctor and dosage)</th>
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<table>
<thead>
<tr>
<th>Current Side Effects and Symptoms</th>
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<tr>
<th>Mental Health Concerns (depression, anxiety, etc.)</th>
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### 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?**
- **Are there any specific tests that will be ordered to monitor my disease on an ongoing basis?**
- **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)**

### 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

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