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

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