

# Follow-Up Office Visit Planner

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

## 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

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 \_\_\_\_\_

---

---

---

---

---

---