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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