

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? Is it time to consider a new approach? _____

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 _____