Before my appointment

Use your own words. Bring this sheet to a qualified clinician.

Appointment date _____ Clinician _____

1 What changed, and when did I first notice it?

2 How does it affect my day?

3 My two most important questions

4 Medications and supplements to discuss

A useful opening sentence

My main concern is _____. It began _____.

It affects my day by _____.

I would like to understand possible causes and agree on a next step.

You do not have to finish this sheet before seeking medical care.

General education only. Not a diagnostic test or medical treatment.
Keep completed notes private. Seek qualified care for concerning changes.

After my appointment

Record what you understood and what you still want to clarify.

1 What did we discuss?

2 What is the agreed next step?

3 When should we review the plan?

4 What should I do if things get worse, and whom do I contact?

5 What question still needs an answer?

My small next action

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