



1. Appointment Details

Date: _____ Time: _____

Provider Name & Title: _____

Clinic / Location: _____

Visit Type (consultation, routine, follow-up, new concern, etc.): _____

2. Your Reason for Today's Visit

(Describe your main symptom, concern, or the goal of your appointment)

Chief Complaint: _____

When/Why/How did it start? _____

What makes it better or worse? _____

3. Conversation Starters: Questions to Ask at the Beginning of Every Appointment

Ask these questions at the start of every appointment to the licensed healthcare professional who will be directing your care. Check each box after the question has been asked.

- ☐ Do you have any questions about the intake forms I filled out?
- ☐ Is there anything in my chart or history that seems incomplete or unclear to you?
- ☐ Do you see any gaps between my last visit and today that we should address?
- ☐ What's the most important thing we should focus on today?
- ☐ Before we finish, can we review my next steps together?

4. Key Information from the Provider

(Write short phrases, not full sentences.)

Diagnosis or findings: _____

Possible causes discussed: _____

Important notes or concerns provider shared: _____

5. Tests and Referrals

Tests ordered today (labs, imaging, procedures): _____

Where and when to complete them: _____

Referrals to specialists (names or departments): _____

6. Medications

(Include anything new, changed, or stopped. Check each box to confirm your medication list has been updated.)

New medications + purpose:

☐ #1 _____ ☐ #2 _____ ☐ #3 _____

Dosage: _____ Dosage: _____ Dosage: _____

☐ Changes to existing meds: _____

☐ Medications discontinued: _____

7. Home Instructions

Lifestyle changes (diet, activity, monitoring): _____

Symptoms to track: _____

Devices/tools to use: _____

8. Follow-Up Plan

Next appointment: _____

What I need to bring or prepare: _____

When to call sooner: _____

9. My Questions & Provider's Answers

(Preparing your questions beforehand is helpful. Write answers exactly as explained.)

Q 1. _____

A: _____

Q 2. _____

A: _____

Q 3. _____

A: _____

10. Summary Questions (Quick Check Before Leaving)

Use this checklist to make sure you're clear.

☐ What do I need to do next at home? _____

☐ What signs tell me things are improving or getting worse? _____

☐ What should I do if this doesn't improve? _____

☐ Can I repeat back my plan to confirm I understand? _____

☐ Is there anything I should prepare before my next visit? _____

11. Zone Check: Am I Ready to Leave This Appointment?

Do I understand my diagnosis or today's findings? ☐ Yes ☐ No _____

Do I know exactly what to do next? ☐ Yes ☐ No _____

Do I know when to follow up? ☐ Yes ☐ No _____

Do I know who to call if something changes? ☐ Yes ☐ No _____

If you marked "No," ask one more clarifying question before you go.

12. Notes I Want to Review Later

(Write down anything your provider suggests you review later, including recommended websites or national organizations related to your condition.)

Item #1. _____

Item #2. _____

Item #3. _____