

YOUR DOCTOR VISIT WORKSHEET

BEFORE THE VISIT | Prepare your priorities and facts

The Wellness Center for Healthy Living | Take Control of Your Health!

Name: _____ Visit date: _____

Clinician: _____

Start with what matters most. Bring original reports and a full medication list.

1. My priorities for this appointment

1. _____
2. _____
3. _____

2. What I have noticed

When it began; frequency; changes; triggers; what helps; effect on daily life.

3. Relevant results, history, and previous advice

Bring test dates, values, units, reference ranges, and earlier reports if relevant.

4. Medicines, supplements, allergies, and recent changes

Include doses and how often you actually take them. Attach a full list if needed.

5. AI possibilities or other explanations I want assessed

Label these as possibilities. What supports them, and what does not fit?

Ready to bring:

☐ This worksheet ☐ Relevant reports ☐ Medicine / supplement list

AI is optional. Check its summary against your records before using it.

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DURING AND AFTER THE VISIT | Leave with a clear plan

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Name: _____ Visit date: _____

Clinician: _____

Ask: What explains this? What would change the assessment? What happens next?

1. What we discussed or concluded

Include what remains uncertain and any concerns needing another visit.

2. Our next steps

Tests, treatment, monitoring, referrals, or other actions; include who will do what.

3. Instructions I need to follow

Medicines, doses, timing, preparation, or other details. Request written instructions.

4. Results and follow-up

How and when will I receive results? Who do I contact if they do not arrive?

5. When to seek help sooner

What changes should prompt contact? Whom should I contact, and how?

Before leaving, say: "Let me make sure I have understood the plan."

Follow-up date / deadline: _____

Contact / number: _____