



FREE PRINTABLE RESOURCE

Doctor Visit Prep Sheet

Organize the changes, questions and information you want to remember before your appointment.

NAME _____

APPOINTMENT DATE / TIME _____

HEALTHCARE PROFESSIONAL _____

REASON FOR VISIT _____

WHAT HAS CHANGED SINCE MY LAST VISIT?

SYMPTOMS / CONCERNS I WANT TO MENTION

Information I may want to bring

Check anything that applies to this visit.

☐ Recent blood pressure readings or wellness log☐ Current medication and supplement list☐ Recent test results or reports I have access to☐ Insurance / identification, if needed☐ List of questions or topics☐ Other: _____**NOTES DURING THE VISIT**

**QUESTIONS & NEXT STEPS**

Appointment Notes

Capture answers, instructions and follow-up items while they are fresh.

QUESTIONS I WANT TO ASK

ANSWERS / IMPORTANT NOTES

Next steps

☐ Follow-up appointment needed☐ Labs / testing discussed☐ Medication or routine discussed☐ Referral / other follow-up discussed**FOLLOW-UP DATE / DETAILS**

OTHER REMINDERS
