

My Doctor Visit Prep Sheet

Page 1: Before My Appointment

♥ Vital Sassy Seniors

1 Appointment Details

Date/Time: _____

Provider/Clinic: _____

Type of Visit: _____

2 Main Reason for Visit

3 Make Sure I Mention

- _____
- _____
- _____
- _____
- _____

4 When Did This Start?

Timeframe: _____

- Better Worse
- Comes & goes
- About the same Not sure

5 What I've Noticed

- Happens at certain time of day
- Happens after eating or drinking
- Happens with activity/movement
- Affects sleep
- Affects mood or energy
- Affects daily activities
- Other: _____

6 Meds, Supplements & Changes

7 Questions to Ask

1. _____
2. _____
3. _____
4. _____

8 Dont' Forget This

My Doctor Visit Prep Sheet

Page 2: During and After My Appointment



Vital Sassy Seniors

1 Notes During the Visit

2 What the Doctor Said

3 Tests, Labs, Procedures

4 Medication Changes

5 Next Steps

- Followup appointment _____
- Fill prescriptions _____
- Schedule testing _____
- Track symptoms _____
- Ask more questions _____
- Other _____

6 Questions Still Pending
