

## APPENDIX D: APPOINTMENT PREP SHEET

Use this sheet to prepare for doctor visits.

### APPOINTMENT PREP SHEET

Patient Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

#### BRING TO APPOINTMENT:

- ☐ Updated medication list
- ☐ Insurance card and photo ID
- ☐ This appointment prep sheet
- ☐ Recent test results or records from other providers
- ☐ List of questions
- ☐ Care log (if relevant)
- ☐ Pen and paper for notes

#### SYMPTOM SUMMARY (if reporting a new or worsening symptom):

Symptom: \_\_\_\_\_

When did it start? \_\_\_\_\_

How often does it happen? \_\_\_\_\_

How severe is it (mild, moderate, severe)? \_\_\_\_\_

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

How does it affect daily function? \_\_\_\_\_

QUESTIONS AND CONCERNS (prioritized):

1.

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2.

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3.

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4.

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5.

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TOPICS TO DISCUSS:

☐ Medication review or changes

☐ Referral to specialist

☐ Test results

☐ New symptoms

☐ Changes in condition

☐ Home care concerns

☐ Other: \_\_\_\_\_

**NOTES FROM THE VISIT:**

What the doctor said: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis or assessment: \_\_\_\_\_

New medications or changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests ordered: \_\_\_\_\_

Referrals: \_\_\_\_\_

Follow-up appointment needed: ☐ Yes ☐ No

When: \_\_\_\_\_

**FOLLOW-UP TASKS:**

- ☐ Schedule follow-up appointment
- ☐ Schedule tests or labs
- ☐ Fill new prescriptions
- ☐ Update medication list
- ☐ Update Command Center binder
- ☐ Communicate with family