Appointment Preparation Sheet

Describe a new or changing concern and identify the questions you most want answered.

Appointment date

Provider or clinic

New or changing symptom or concern

What changed?

Where is it located?

When did it begin?

How often does it happen?

What makes it better or worse?

How does it affect daily activities?

Other details, previous measurements, photos, or providers already contacted

My three priority questions

1

2

3

Other useful questions

State your main concerns. Ask what each test or scan is for, how and when results will be shared, what changes should prompt an earlier call, and whom to contact with follow-up questions. Take notes or ask permission before recording.