

PRESCRIBER VISIT PREPARATION LIST

Tell your provider the following information at the time of your appointment so that they can better help you the way you want and need to be helped:

Why have you scheduled this doctor appointment? _____

Your Symptoms: *whether they have improved, gotten worse or changed in any way. Share even those symptoms that seem unrelated.*

Health Changes: *since your last visit*

New and Current Medications: *including prescription, Over-The-Counter (OTC) drugs, vitamins, and supplements. Has any medication been recently stopped? If yes, why?*

Any Side Effects *of medications or treatment?*

Substance Use: *current usage and changes from past, including alcohol, tobacco, vape, marijuana, any illegal/controlled substances (always give your doctor all the information. This is all PROTECTED, and not disclosable without your consent).*

Previous Evaluations: *by other providers for similar symptoms*

Any Challenges: *when following your treatment plan*

Upcoming Procedures: *or new treatments you are starting*

Any Major Life Events: *you've experienced recently (job change, move, marriage, pets, loss, etc.)*

Overall Feelings: *about how your symptoms are affecting your life*

