

Doctor's visit prep sheet

Date:

Healthcare provider
name and location:

Reason for visit:

Current concerns or symptoms

Concern/symptom

Notes (When it started, severity, what helps or worsens it)

Medications and supplements currently taken

Vitals or test results

Measurement/test

Result

Normal range

Follow-up needed?

Doctor's recommendations and next steps

Recommendation

Due date/follow-up

Responsible person

Additional notes

Bring this sheet to each appointment. Record answers, next steps, and questions for future visits. Keep all completed checklists in one folder for easy reference.