MY DOCTOR VISIT

Checklist & Progress Form

Bring this with you so you leave your appointment with a clear record of what was discussed — and something to look back on later.

Name:	**Date:**
Type of Doctor (e.g., Oncologist, GP, Naturopath):	**Provider / Clinic Name:**

1 BEFORE THE APPOINTMENT

Reason for this visit:

Top 3 things I want to make sure we cover, in priority order:

1.

2.

3.

Symptoms or changes since my last visit:

- ☐ New symptom(s) — describe: _____
- ☐ Symptom(s) improved
- ☐ Symptom(s) worsened
- ☐ Side effects from current treatment/medication
- ☐ No significant changes

Current medications & supplements to review:

Medication / Supplement	Dose	When / How Taken	Still Taking?

2 DURING THE APPOINTMENT — NOTES

What we discussed / diagnosis or assessment:

Test results reviewed:

New or changed recommendations (medications, dosage, referrals, tests):

Questions I asked & the answers I received:

Question I Asked	What the Doctor Said

3 LEAVING THE APPOINTMENT — MY NEXT STEPS

☐	Action / Follow-up	By When
☐		
☐		
☐		
☐		

Follow-up appointment date:

One thing I want to remember about how I felt today: