

## Appointment Planner

Appointment with \_\_\_\_\_

Date \_\_\_\_\_

**My goal(s) for this appointment:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**(If you have a new symptom or condition to discuss, you could bring the New Symptom Form with more detailed information for the doctor to review with you.)**

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Results of my visit:

**Blood pressure:** \_\_\_\_\_ **Pulse** \_\_\_\_\_ **Weight** \_\_\_\_\_

**For each of the above main concerns:**

**1. What did the doctor say was the diagnosis or cause of the symptom?**

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**2. What do I need to do for this?**

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**3. Is there any testing that I should or will be getting?**

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**4. When should I start to feel better?**

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**5. What new symptoms should I be watching for?**

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