

## Visit Purpose

**What's the main reason for this visit?**

*(Example: follow-up on medication, new symptoms, test results, yearly check-up, etc.)*

## Top Priorities for This Visit

**What do you most want to make sure gets discussed today?**

*(List in order of importance. Tip: Circle or star your top one if time runs short.)*

1. (most important)
- 2.
- 3.

## Tests, Referrals, or Treatments to Discuss

*Is there anything you'd like to request or talk about? (Examples: lab tests, imaging, referrals to specialists, therapy options, new medications.)*

Request / Topic	Reason for Asking	Doctor's Response / Notes

## Questions or Concerns

*Write down any questions or concerns you want answered during your appointment.*

1. .
2. .
3. .
4. .
5. .

## New Treatment Plan

*Record any changes or additions to your care — new meds, therapies, referrals, or tests. Note what you need to schedule or pick up so it's easy to remember later.*

**NOT DEFINED  
BY FND**  
**AWARENESS, ADVOCATION, AND  
HOPE FOR ALL FND WARRIORS**