

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**