Appointment Preparation Guide

Use this page to organize what has changed, what matters most, and the questions you want to discuss.

Appointment date and time	Healthcare professional or clinic
_____	_____

BRING IF AVAILABLE

☐ Current medication list ☐ Pain journal or tracker ☐ Recent test or therapy information ☐ Refill details or pharmacy name

MY PRIORITY TODAY

Main goal or concern	_____

PAIN AND FUNCTION UPDATE

Main pain location	_____	Typical pain 0 to 10	____
Compared with last visit	☐ Better ☐ About the same ☐ Worse ☐ New area	Highest pain 0 to 10	____
Activity pain limits most	_____		
Sleep mood movement or symptoms	_____		

TREATMENT UPDATE

What helped	_____
What did not help	_____
Side effects or concerns	_____
Medication or refill questions	_____

MY TOP QUESTIONS

1	
2	
3	

BEFORE I LEAVE

Next steps and instructions	_____
Follow up and when to call	_____

This guide supports communication with a qualified healthcare professional. It does not diagnose a condition, recommend treatment, replace medical advice, or create a clinician-patient relationship. Seek immediate help for a medical emergency.