

Today's Priority

Other Concerns

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Symptom Breakdown

Symptoms:

Severity (0-10):

When it started:

How often:

Notes

What makes it worse? What makes it better? What does it affect (sleep/work)?

Questions

What You've Already Tried

Medications:

Lifestyle:

Tests:

Results:

Specific Asks

- Test
- Referral:
- Med change:
- Documentation (note, form, etc.):

Important Context

Diagnoses? Family History? Recent Changes?

Before you leave:

- I stated my main issue clearly
- I covered all my concerns
- I asked for what I need
- I got next steps

Notes: