

Appointment Preparation Checklist

Appointment with: _____ Date: _____ Time: _____

Bring with you

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| ☐ Insurance card and photo ID | ☐ Recent test results or records from other clinicians |
| ☐ List of all medicines, vitamins and supplements, with doses | ☐ Glasses or hearing aids, and something to write with |
| ☐ This sheet, with your questions | ☐ A friend or family member, if you'd like one |
| ☐ Symptom log, readings or photos | ☐ Your pharmacy's name and phone number |

Why I'm going (say this first)

What has happened

When it started, how it has changed, what makes it better or worse, what I have tried

My questions (most important first)

Before I leave, ask

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| ☐ What do you think is going on? | ☐ How and when will I get results? |
| ☐ What happens next, and who arranges it? | ☐ What should make me call you, or go to urgent care? |

What I was told (write it down)

In an emergency, call 911. If you are thinking about suicide or are in crisis, call or text 988. From pockethealth.pro/templates/appointment-checklist. Free to copy and share. General information, not medical advice.