YOUR HEALTH PLANNER

HEALTH HISTORY

Family Medical History Note any conditions and who in your family had them (and on which side of the family):				
Personal Medical Hi				
Diagnoses (current status)	Past Surgeries		Hospitalizations	
Medications Past and current medications, i	including as-needed and over-	the-	counter: Primary Care Provider:	
			Preferred Pharmacy:	
			Insurance Information: ID: Grp#:	



APPOINTMENT PREP

Symptom Review What symptoms are better? What symptoms have worsened? Any new symptoms or side effects?	How often are you using as-needed medications or other relief methods? Are they helping?
Impact on Daily Life	
Impact on Daily Life Are any symptoms or side effects making it hard to do daily activities? How is your mental health right now? Are there any lifestyle changes that could be	How are your symptoms or side effects affecting your mood, stress, relationships, and sleep?
Are there any mestyle changes that could be	impacting your neartiff
What are your top 1–3 goals for this appointment?	What progress have you made on goals from your last visit?

Quick Check!

Do you have all the relevant paperwork for your appointment (eg: imaging, lab reports, other data)?



APPOINTMENT NOTES

Doctor and Specialty:	Date:
Notes: • What labs or imaging were ordered? • When should you expect results?	Any new diagnoses or updates?Are any conditions in remission?
Next steps from your provid Changes to medications New treatments (PT, procedures, etc.)	 Tests or referrals



APPOINTMENT REFLECTION

Did you feel heard and respected by your provider?	Yes/No
Were you able to ask all your questions?	Yes/No
Were there questions you wish you'd asked? (Send them through your	patient
portal.)	
Who, if anyone, came with you or supported you during your appoints	nent?
How did you advocate for yourself today?	
FOLLOW-UP PLAN	
☐ Pickup new prescriptions	
☐ Start any new treatments or therapies	
Await test results (list what you're waiting on)	
Schedule or attend follow-up appointment	

Date of your next appointment (if scheduled):

