

Appointment Prep List

Appointment with: _____ Date: _____ Time: _____

I want to be sure to discuss these issues at this appointment:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What has changed for me since my last appointment?

I want to review all medications, vitamins, and supplements that I am taking:

Medication / Vitamin / Supplement	Dose	When or how often do I take this?	Why am I taking this?