

# Provider Appointment Form



## Appointment Details

Name \_\_\_\_\_  
DOB \_\_\_\_\_

Appointment Date \_\_\_\_\_  
Office/Provider \_\_\_\_\_

## Preparing for Appointments

### Current Symptoms:

Remember to think about...

- When did the symptoms start?
- How long has it lasted?
- Do you notice any patterns?
- What makes it better or worse?

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### Have there been other changes?

Think about changes in...

- Food
- Meds/ supplements/ vitamins
- Activities
- Sleep
- Stress

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## During the Appointment

### The three questions I'd like to ask

1) \_\_\_\_\_

Remember to...

- Speak up
- Be Confident
- Be Honest

2) \_\_\_\_\_

3) \_\_\_\_\_

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## After the Appointment

The plan for care is...

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