APPOINTMENT PREP SHEET

Patient:	Date: Provid	ler:
TODAY'S SPOON LEVEL (your scale):/ CURRENT PAIN LEVEL:/1		
SECTION 1:	PRIORITY ISSUES (Maxim	num 3)
What absolutely musi	t be addressed today?	
1. Issue:		
Duration:tried:	Severity Impact:	What I've
2. Issue:	Severity Impact:	
Duration: tried:	Severity Impact:	What I've
3. Issue:	Severity Impact:	
Duration: tried:	Severity Impact:	What I've
	CURRENT MEDICATIONS	
SUPPLEME	NTS	
Include dosage timin	g, and any issues	
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Supplements:
New Interactions or Side Effects:
SECTION 3: SYMPTOM TRACKING
Patterns from the last 4 weeks
Best Days - What made them good?
Worst Days - What triggered flares?
New Symptoms:
Symptom Changes:

SECTION 4: FUNCTIONAL IMPACT

How symptoms affect daily life **Energy Levels:** Good days: ____/10 | Average: ____/10 | Bad days: ____/10 Activities I've had to stop/modify: _____ Work/Social impact: **SECTION 5: QUESTIONS FOR PROVIDER** 6._____

SECTION 6: REQUESTS

Referrals needed:	_
Tests requested:	_
Prescription refills:	
Documentation needed:	_
NOTES FROM APPOINTMENT:	

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