

Appointment Prep Sheet

Bring this sheet to your appointment or use it to prepare notes in your phone.

Important: This worksheet is for general educational purposes only. It is not medical advice, diagnosis, or treatment. Talk with a qualified healthcare professional about your personal situation. If you may be having a medical emergency, call 911 or your local emergency number.

1. Why am I going?

Main concern

Date symptoms started

What has changed recently

What makes it better

What makes it worse

What have I already tried

2. My top 3 questions

Question 1

Question 2

Question 3

3. Current medications

Medication	Dose	How often	Why I take it

4. Allergies and reactions

Allergy	Reaction

5. What did the provider recommend?

Diagnosis or possible diagnosis

Recommended test, treatment,
medication, or next step
Why it was recommended

Expected benefit

Risks or side effects

Alternatives

What happens if I wait

Follow-up plan

6. After the appointment

☐ I know what to do next.

☐ I know who to call with questions.

☐ I know when to expect results.

☐ I know what symptoms should prompt urgent care or emergency care.

Before You Agree to a Procedure

Use this worksheet to ask about benefits, risks, alternatives, recovery, and costs before planned care.

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What to understand

- ☐ What problem is this procedure meant to address?
- ☐ Is it diagnostic, preventive, corrective, or symptom-relieving?
- ☐ What benefit should I realistically expect?
- ☐ How soon might I notice a benefit?
- ☐ How will we measure whether it worked?
- ☐ What happens if I choose to wait?
- ☐ Is this urgent, time-sensitive, or elective?

Risks and alternatives

- ☐ What are the common risks or side effects?
- ☐ What serious risks are possible?
- ☐ Are there risks because of my age, medications, medical history, allergies, or other conditions?
- ☐ Are there less invasive options?
- ☐ Are medication, therapy, lifestyle, monitoring, or watchful-waiting options reasonable?
- ☐ Why do you recommend this option over the others?

Procedure and recovery

- ☐ Who will perform the procedure?
- ☐ How often do they perform this procedure?
- ☐ Where will it be done?
- ☐ Will I need someone to drive me home?
- ☐ How long is typical recovery?
- ☐ When can I return to work, exercise, driving, lifting, or normal activities?
- ☐ What symptoms afterward should prompt a call?

Preparation and costs

- ☐ Do I need to stop or adjust any medications?
- ☐ Should I avoid eating or drinking beforehand?
- ☐ Do I need lab work, imaging, clearance, or a pre-op appointment?
- ☐ Is the provider in-network?
- ☐ Is the facility in-network?
- ☐ Will anesthesia, imaging, lab work, or pathology be billed separately?
- ☐ Do I need prior authorization?
- ☐ Can I get a written cost estimate?
- ☐ Is a second opinion reasonable?

Notes from the visit

Key details, instructions, or follow-up steps

Second Opinion Prep Checklist

A second opinion can help clarify diagnosis, treatment options, timing, risks, and next steps.

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Before scheduling

- ☐ Confirm insurance coverage.
- ☐ Ask whether a referral is needed.
- ☐ Choose an appropriate specialist.
- ☐ Ask what records are needed before the visit.
- ☐ Schedule enough time before any non-urgent decision deadline.
- ☐ Ask whether records should be sent before the appointment.

Records to gather

- | | |
|--|--|
| ☐ Office notes | ☐ Medication list |
| ☐ Lab results | ☐ Allergy list |
| ☐ Imaging reports | ☐ Procedure notes |
| ☐ Actual imaging files, if needed | ☐ Hospital records |
| ☐ Pathology reports | ☐ Prior treatment history |

Questions to ask

- ☐ Do you agree with the diagnosis?
- ☐ Do you agree with the recommended treatment plan?
- ☐ Are there other reasonable options?
- ☐ What are the risks and benefits of each option?
- ☐ Is there anything urgent about this decision?
- ☐ What would you do next if I choose to wait?
- ☐ What should I discuss with my original doctor?
- ☐ Are additional tests needed before deciding?

Notes

Important points from the second opinion

Personal Medical Information Sheet

Keep copies in a safe, easy-to-find place and update whenever medications, contacts, insurance, or major health details change.

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Full name

Date of birth

Phone

Address

Emergency contact

Emergency contact phone

Primary doctor

Preferred pharmacy

Insurance company

Member ID

Medical conditions

Current and important past conditions

Current medications

Medication	Dose	How often	Reason

Allergies and reactions

Allergy	Reaction

Surgeries and hospitalizations

Procedure or reason	Approx. date	Facility

Devices or special needs

Examples: pacemaker, implanted device, CPAP/BiPAP, oxygen, mobility aid, hearing aid, communication needs

Medical documents

☐ Healthcare power of attorney: Yes / No / Unsure

☐ Living will: Yes / No / Unsure

☐ Advance directive: Yes / No / Unsure

☐ DNR order, if applicable: Yes / No / Unsure

Location of documents

Medical Wishes Conversation Starter

This worksheet is not a legal document. Use it to prepare conversations with loved ones, healthcare professionals, or an attorney.

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People I trust to help with medical decisions

Name	Relationship	Phone

What matters most to me

- | | |
|--|---|
| ☐ Comfort | ☐ Trying all reasonable treatments |
| ☐ Time with family | ☐ Pain control |
| ☐ Independence | ☐ Mental clarity |
| ☐ Being at home if possible | ☐ Religious or personal values |
| ☐ Avoiding certain treatments | ☐ Other |

Questions I want to discuss

- ☐ Who should speak for me if I cannot speak for myself?
- ☐ What treatments would I want or not want in a serious illness?
- ☐ What does quality of life mean to me?
- ☐ Where would I prefer to receive care if choices are available?
- ☐ Who should have copies of my documents?

Notes for family or care team

Preferences, concerns, values, or instructions to discuss

Next steps

- ☐ Talk with family or trusted decision-maker.
- ☐ Talk with my healthcare provider.
- ☐ Review state-specific advance directive forms.
- ☐ Consider speaking with an attorney if needed.
- ☐ Store completed documents where they can be found.