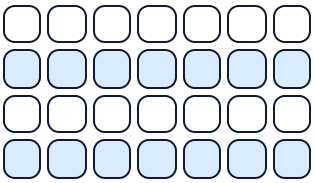
Appointment Prep

DATE _____ SEEING _____

What I want to talk about

Since when, and how often

Tick the days it happened



What I've noticed alongside it

What I've tried, and what happened

Medicines and supplements

Name	Dose	Since

My questions most important first

1

2

3

After the appointment

What was said

Next steps