

DOCTOR VISIT QUICK PREP FOR AUTOIMMUNE PATIENTS

Bring this sheet to your appointment and take notes directly on it. You are the expert on your body—speak up about what you're experiencing!

BEFORE YOUR VISIT

Gather: ☐ Current medications list ☐ Recent lab results ☐ Insurance card ☐ Previous visit notes ☐ Track 1-2 weeks ahead: (Below)

RECENT SYMPTOM PATTERNS

Past 2-4 weeks: ☐ Getting better ☐ About the same ☐ Getting worse

Average daily pain: 1—2—3—4—5—6—7—8—9—10

Average energy level: 1—2—3—4—5—6—7—8—9—10

Most frequent symptoms: ☐ Joint pain ☐ Fatigue ☐ Brain fog ☐ Skin issues ☐ Sleep problems
☐ Digestive issues Location/Details: _____

Patterns noticed: ☐ Morning stiffness ☐ Afternoon fatigue ☐ Evening pain ☐ Weekend flares

Triggers: ☐ Stress ☐ Weather ☐ Foods ☐ Activity ☐ Other: _____

YOUR TOP 3 CONCERNS/QUESTIONS



1. _____
2. _____
3. _____

CURRENT MEDICATIONS

Medication: _____ Dose: _____ How often: _____

Medication: _____ Dose: _____ How often: _____

Medication: _____ Dose: _____ How often: _____

Medication: _____ Dose: _____ How often: _____

Working well: _____

PROBLEMS/SIDE EFFECTS:

QUESTIONS ABOUT MEDS:

VISIT NOTES

Tests ordered: _____

New medications: _____

Treatment changes: _____

Follow-up needed: _____

Next appointment: _____

CALL OFFICE IF:

New/worsening symptoms

Medication side effects

Fever over 101°F

Severe pain



KEY QUESTIONS TO ASK

- ☐ How are my current treatments working?
- ☐ What do my latest lab results mean?
- ☐ When should I be concerned about symptoms?
- ☐ Are there new treatment options for me?
 - ☐ What lifestyle changes would help most?
- ☐ When should I schedule my next visit?

Doctor: _____

Phone: _____

Emergency contact: _____

