

# My Appointment Agenda



Please take a moment to answer the questions below.  
Bring your agenda to your appointment  
so your provider can best serve your needs.

| Appointment Time | Date     |
|------------------|----------|
|                  |          |
| Department       | Location |
|                  |          |
| Provider         |          |
|                  |          |

| THINGS TO COMPLETE BEFORE MY APPOINTMENT:  |                |
|--|----------------|
| <b>My personal goal for my health:</b>   |                |
| What concerns do you want to discuss with your provider during your appointment? | 1.<br>2.<br>3. |
| What problems or symptoms do you want your provider to be aware of?              | 1.<br>2.<br>3. |



