

PSYCHIATRIC APPOINTMENT PREP

A quick guide to help you remember what matters and get the most from your visit.



Name: _____

Appointment date: _____

Provider: _____

Since my last visit: ☐ Better ☐ About the same ☐ Worse

What I most want to talk about

1. _____
2. _____
3. _____

How I've been doing

- | | |
|--|---|
| ☐ Mood / depression | ☐ Anxiety / panic |
| ☐ Sleep | ☐ Energy / motivation |
| ☐ Focus / attention | ☐ Irritability / anger |
| ☐ Appetite / eating | ☐ Other: _____ |

Biggest change or symptom I want my provider to know about:

Something positive that has happened recently:

Medication check

Medication + dose	Is it helping?	Side effects / concerns
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Missed doses or trouble taking medication as prescribed? ☐ No ☐ Yes: _____

Anything important that changed?

- ☐ New medication/medical issue ☐ Major stress or life change ☐ Alcohol/cannabis/other substance change
☐ Pregnancy/pregnancy possibility ☐ ER/hospital visit ☐ Other: _____

Safety or urgent symptoms

- Since my last visit, I have experienced:** ☐ Suicidal thoughts ☐ Self-harm ☐ Thoughts of harming someone
☐ Hallucinations/paranoia ☐ Extreme impulsivity or unusually high/activated mood ☐ None of these

Questions I don't want to forget

Before I leave, I want to understand

- ☐ What medication(s) I should take and how ☐ What changes to watch for ☐ When to follow up
☐ Who to contact if I have a problem ☐ Any labs/referrals/next steps

Plan