

Psychiatrist Appointment Planner

Use this worksheet to prepare for your next visit and maximize your appointment time.

1. CURRENT MEDICATIONS & SUPPLEMENTS:

(List name, exact dosage, and what time of day you take it)

- _____
- _____

2. PRIMARY SYMPTOMS SINCE LAST VISIT:

- Worsening Mood High Anxiety/Panic Poor Sleep
 Brain Fog/Focus Low Energy Appetite Changes
 Irritability Medication Side Effects

3. SPECIFIC CHANGES I HAVE NOTICED:

(Describe physical or psychological shifts, including when they occur)

4. TOP 3 QUESTIONS FOR MY DOCTOR TODAY:

1. _____
2. _____
3. _____

Disclaimer: This planner is an organizational tool for educational purposes only.
It does not substitute for professional medical advice, diagnosis, or psychiatric treatment.