

BEFORE MY APPOINTMENT

WHICH PROFESSIONAL AM I SEEING?:

WHAT IS THE APPOINTMENT FOR?:

WHEN:

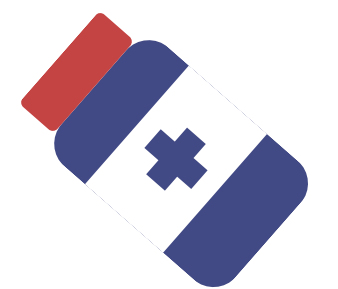
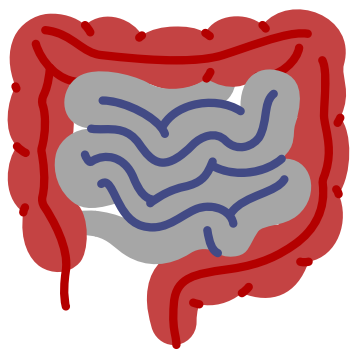
WHERE:

HOW HAVE I BEEN FEELING SINCE MY LAST APPOINTMENT?

THE SYMPTOMS I HAVE HAD

ANY PROGRESS I FEEL I HAVE MADE

ANY WORRIES THAT I HAVE



MY QUESTIONS

AFTER MY APPOINTMENT

DURING THE APPOINTMENT I FELT:
(E.G LISTENED TO, SUPPORTED, CONFIDENT, WORRIED, FRUSTRATED, SCARED)

THE ANSWERS TO MY QUESTIONS WERE:

THE NEXT STEPS ARE:
(E.G FURTHER APPOINTMENTS, MEDICATION, TESTS, NO CHANGE)

