GP Appointment Symptom & Medication Tracker

Fill this in before your appointment and take it with you. It is yours to keep - share as much or as little as you like.

About this appointment

Appointment date & time: _____ **GP / clinician:** _____

Your name (optional): _____ **NHS number (optional):** _____

Main reason for this visit: _____

My symptoms since my last visit

Symptom	Where in the body	How often	Severity (0-10)	Effect on daily life

Severity: 0 = no problem, 10 = the worst it can be for you.

My medicines, vitamins and supplements

Name	Dose	When I take it	Still taking?	Problems or side effects

Questions I want to ask

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

What we agreed - next steps

_____

_____

_____

_____

A personal record for you and your clinical team - you choose what to write and what to share. Nothing on this sheet is sent anywhere. Living With Arthritis provides educational information for people in the UK; it is not a diagnosis or personal medical advice. For urgent advice use NHS 111. In an emergency call 999.