Your Cardiology Appointment Checklist

Doctor: _____
Appointment date: _____
Reason for today's visit: _____

TWICE THE HEART FOUNDATION

Before Your Appointment

□ Write down your three most important questions
□ Bring an updated list of medications, vitamins, and supplements
□ Note any medication side effects or missed doses
□ Bring recent blood pressure, heart rate, weight, or symptom records
□ Bring relevant test results, medical records, or device information
□ Write down any recent emergency room visits or hospitalizations
□ Ask someone you trust to join you, if helpful
□ Bring something to take notes with
□ Check whether you need medication refills or new authorizations

Changes Since Your Last Visit

Have you experienced any new or worsening:

□ Chest pain, pressure, or discomfort
□ Shortness of breath
□ Dizziness, fainting, or feeling lightheaded
□ Heart racing, pounding, fluttering, or skipping beats
□ Swelling in your legs, ankles, feet, or abdomen
□ Sudden weight gain or fluid retention
□ Unusual fatigue or weakness
□ Difficulty sleeping or needing more pillows to breathe comfortably
□ Changes in appetite, nausea, or abdominal fullness
□ Difficulty concentrating or feeling mentally foggy
□ Reduced ability to complete everyday activities
□ Anxiety, depression, or difficulty coping

When did these symptoms begin? _____
How often do they happen? _____
What makes them better or worse? _____
How are they affecting your daily life? _____

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Medications

□ Has anything changed with my medications?
□ What is each medication treating?
□ What side effects should I watch for?
□ Could any medications or supplements interact?
□ What should I do if I miss a dose?
□ Do I need any refills?
□ Are any blood tests or other monitoring needed?

Questions for My Cardiologist

□ Has my diagnosis or heart function changed?
□ What do my latest test results mean in plain language?
□ Are my current symptoms expected for my condition?
□ What symptoms should prompt me to call your office?
□ What symptoms require urgent or emergency care?
□ Are there limits on exercise, travel, work, or daily activities?
□ Should I track my weight, blood pressure, heart rate, fluid, or sodium?
□ Do I need additional testing or a referral to another specialist?
□ When should I schedule my next appointment?

My most important questions:

1._____

2._____

3._____

Before You Leave

□ Ask for explanations in plain language
□ Repeat the plan back to confirm you understood it
□ Write down medication or treatment changes
□ Confirm which symptoms require a phone call or emergency care
□ Confirm who to contact with questions
□ Schedule tests, referrals, and follow-up visits
□ Request a copy of your visit summary