

Appointment Preparation Worksheet

Date of Appointment _____

Doctor's Name _____

Appointment Goal

List of Medications/Supplements










Symptoms

Check all that apply:

- A burning sensation in your chest (heartburn), usually after eating
- Backwash (regurgitation) of food or sour liquid
- Upper abdominal or chest pain
- Trouble swallowing (dysphagia)
- Sensation of a lump in your throat
- An ongoing cough
- Inflammation of the vocal cords (laryngitis)
- New or worsening asthma
- Other:

Known Triggers

Check all that apply:

-  Coffee
-  Citrus fruits and juices
-  Spicy foods
-  High-fat/Greasy foods (french fries, pizza, etc.)
-  Dairy
-  Consuming alcohol
-  Carbonated beverages
-  Taking aspirin or ibuprofen
-  Smoking
- Other:

Questions/Concerns

Appointment Notes & Follow-Up