

My kidney appointment

Appointment date: _____ Visit type / format: _____

Complete for yourself or, with permission, someone you support.

My priorities — start with what matters most

Priority 1

Priority 2

Priority 3

What I hope to leave the visit understanding

Changes or concerns to discuss

What changed, when did it start, and how does it affect daily life?

Questions I want to ask

Support I would like at the visit

Share the most important concern early. This sheet organizes information; it does not assess symptoms or prescribe changes. Contact the care team directly about new or worsening concerns. For a medical emergency, call 911 in the U.S. or your local emergency number.

Bring the records. Leave with a plan.

Appointment date: _____

Bring & confirm

Check what is ready; cross out items not relevant to this visit.

- ☐ Dated kidney test results and relevant reports
- ☐ Home blood-pressure or other readings already recorded
- ☐ Current medicines, herbs, supplements, and allergy / reaction list
- ☐ Food, daily routine, or lifestyle notes
- ☐ Relevant personal / family history or outside records
- ☐ Documents and instructions requested by the clinic

Use existing records and the summaries from your other kidney tools. Confirm what is needed with the clinic; do not delay care to collect documents.

What we discussed or agreed with the care team

Next action	Who?	By when?

Tests / monitoring

When / how to contact the team

Next appointment / follow-up

Confirm what needs to happen, who will arrange it, and who will explain any test results. Empty spaces mean no instructions were recorded here. This worksheet does not recommend treatment changes or book an appointment. Keep completed copies private.