

# My AFib appointment notes

Fill in what you know. Mark estimates and leave unknown details blank.

Appointment date: \_\_\_\_\_ Clinician: \_\_\_\_\_

## 1. What I want to discuss

Episodes or symptoms I noticed: \_\_\_\_\_

When / how long (estimates are OK): \_\_\_\_\_

Changes since my last visit: \_\_\_\_\_

## 2. Medications and questions about them

Bring a current list or labels, including over-the-counter medicines and supplements.

Name, dose and schedule: \_\_\_\_\_

Missed / late doses or concerns: \_\_\_\_\_

Questions or effects I noticed: \_\_\_\_\_

## 3. My three questions

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 4. What we agreed / my next steps

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next appointment / who to contact: \_\_\_\_\_

Before leaving: ask what to record and how your clinic wants to receive it.

Bring your log or recordings if your clinician asks. Keep a copy of these notes.

\_\_\_\_\_  
**Personal notes, not a diagnosis. Never change medication based on this sheet.**

**If you think you are having a medical emergency, call 911 or your local number.**

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