

## New Treatment Questions for Your Healthcare Provider



**Date of Visit / Healthcare Provider Name**

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**Name of new treatment** (correct spelling, brand name, generic name)

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**Dosing instructions** (units, pill or IV, times per day/week/month, on empty stomach, with food)

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**What kind of results can we expect?**

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**When can we expect to see results?**

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**Anything to avoid while on new treatment?** (foods, supplements, medications – prescription and over the counter)

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**Followup / Monitoring Visits and Procedures** (lab tests, xrays, endoscopies, vital signs, office visit)

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**Side effects / When to call healthcare provider** (common side effects, serious side effects, symptoms to call about)

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