

ASPIRE

Alliance to Solve PANS & Immune-Related Encephalopathies

Doctor Appointment Tracking Sheet



Date _____ Physician Name _____

RECENT LAB WORK

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

Test _____ Lab Name _____

Result _____

Treatment _____

LAB WORK to DO

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

Test _____ Lab Name _____
Special Instructions _____
Treatment _____
Cost/Insurance _____

TREATMENT PLAN: For each medication, supplement or therapy, you want to know suggested brand or provider, and dosage information. You need to know when and in what order to start treatments because in some cases, you will want to stagger implementation to see what therapy/medication has what results. Ask what potential side effects are and what to do if they are negative. Ask if treatment has an end date or if this will be a long course of treatment.

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____

Medication/Treatment _____
Brand/Provider _____
Dosage & Frequency _____
Priority/Start Date _____
Side Effects & Action _____
End Date _____