**Questions for physician visit:**

What lifestyle changes can I make to improve my health? (food, supplements, etc.)

Is there anything else you haven’t considered to help me live a fuller life?

Are there any preventative screenings I currently need?

I’m not noticing any improvement in my overall health, how long do you plan to keep me on the same care plan?

I’m experiencing the following symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, what differential diagnosis do you have?

My symptoms are worst when:

My symptoms are improved when:

 Are there any alternatives to the items you are prescribing?

When should I follow-up with you?

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wellness Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Medications**

 **Name Dose How often it is taken**

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** \_\_\_\_\_\_\_\_\_\_\_ **Wellness Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Supplements**

 **Name Dose How often it is taken**

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

Action Plan for Wellness

**Recommended medication taken as prescribed:**

Mestinon / Pyridostigmine Bromide

IVIG /Intravenous Immunoglobulin

Imuran/Azathioprine

CellCept /Mycophenolate Mofetil

 Soliris / Eculizumab

Thymectomy

 Rituxan / Rituximab

 Plasmapheresis

 Prednisone

 Cycosporin A (CyA)

 Cycliphosphamide

 Vyvgart /Efgartigimod

**Lifestyle changes Recommended**

 Stress deduction

 Gut Health Support

 Exercise

 Anti-inflammatory Eating

 Supplements

 Support Group

 Spiritual and Emotional Wellness

 Financial Awareness and Management