

Date: \_\_\_\_\_

**Stony Brook Appointment Review**

1. What is my main problem?

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

2. What do I need to do?

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

3. Why is it important for me to do this?

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

Topics I want to discuss:

- \_\_\_ Weight, blood pressure
- \_\_\_ Nausea, headaches, loss of appetite
- \_\_\_ Sleeping problems, insomnia
- \_\_\_ Insurance / ADAP
- \_\_\_ Medication renewals
- \_\_\_ Understanding my lab numbers
- \_\_\_ Depression, Mental Health referral
- \_\_\_ Alcohol/ Substance use
- \_\_\_ Dental, Eye Doctor, Primary Care
- \_\_\_ Nutrition
- \_\_\_ OB-GYN
- \_\_\_ Support Groups
- \_\_\_ Housing, Employment, Transportation
- \_\_\_ New advances/questions in HIV care
- \_\_\_ Others, Smoking, etc.

**My next appointment:** \_\_\_\_\_

**My next labwork:** \_\_\_\_\_

**Last labwork date:** \_\_\_\_\_

CD4 \_\_\_\_\_

Viral load \_\_\_\_\_

**Today's labwork:**

CD4 \_\_\_\_\_

Viral load \_\_\_\_\_