

PRINTABLE FLOW TOOL

Flow Tool 1: Preparing for Your Visit

PRINTABLE
VERSION

Optional. Bring this with you if it helps.

Bring if available: your current medication list, home readings, recent test reports, and the name of the clinician or person who referred you.

Why I'm Here Today

What changed? What prompted this visit?

Symptoms or Changes I've Noticed

New symptoms, worsening symptoms, or changes in tolerance:

- ☐ Chest pressure, pain, or discomfort
- ☐ Shortness of breath
- ☐ Fatigue or weakness
- ☐ Lightheadedness or dizziness
- ☐ Palpitations
- ☐ Leg swelling or pain
- ☐ Less able to walk or exercise than usual
- ☐ Something else: _____

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What I’m Most Concerned About

Naming the concern can help make the decision clearer.

Questions I Want Answered

The one question I most need answered:

- ☐ What might explain my symptoms, and which causes need to be ruled out?
- ☐ Which test, if any, would answer the question?
- ☐ What does this mean for my short-term and long-term risk?
- ☐ What should I do before the next review?
- ☐ What would not help right now?

Next Steps We Agreed On

Tests, if any:

Medication changes, if any:

Follow-up timing:

Bring this sheet to your appointment.
