



Eos Care

Appointment Agenda Outline

What is your goal or desired outcome?

- Why are you there?
- Issues to discuss (max of 3)

2. What are your symptoms?

- When did it start?
- What makes it worse? Better?
- What have you tried?
- How is this different than your normal?
- What has worked well in the past?
- Prioritized based on issues to be discussed.

3. History and Related Information

- Past history and experiences
- What worked and didn't work
- Family history

4. Questions, concerns, or fears?

- This issue is keeping me from _____.
- I'm worried that this might be _____.
- I'm afraid that I'm going to _____.

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