

# THE 2-MINUTE PRE-VISIT POWER NOTE

Open a note in your phone and fill this in before your appointment:

## My top 2 concerns:

## Timeline:

When it started

What changed

What makes it worse/better

## Impact (how it affects sleep, work, movement, mood):

- How it affects your life
- Relationship to activities or time of day
- Other patterns

My ask today:  
"I want a plan + next steps. Specifically:"