

Narrative POTS NEW Patient

Name:

Date:

Describe in details your illness story (include when you were doing well and when you started to experience symptoms, also include any tests done, specialists seen, surgeries, medications and their effects, please feel free to give as much details as possible):

Narrative POTS follow-up Patient Template

Name:

Date:

What are your main questions or concerns for this follow-up visit?

Describe any changes in your condition since your last visit (If no change, write No changes):

- Improvements:

- Symptoms worsened:

Since your last visit, were there any changes or new treatment plans by other medical practitioners?

Did you have any test done or emergency visits?