

Name: \_\_\_\_\_

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

## Open Questions

*Which issues are most important on your path to recovery right now?*

*Which areas and root causes of your illness still need to be examined more closely?*

*What questions would you like to address through lab tests and doctor's visits?*

*Feel free to take another look at the "Deep Dive Analysis" template to brainstorm which issues are most pressing at the moment.*

1)

2)

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## Next examinations & tests

*What examinations, doctor's visits, and laboratory tests are necessary to address the open questions?*

1)

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Find out more on [www.Post-Covid-Plan.com](http://www.Post-Covid-Plan.com)

This form is intended for the collection of research and ideas. Diagnoses and medication recommendations should always come from a doctor and be discussed with a doctor.

No liability is assumed for the completeness or accuracy of the information provided in this form.

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## Next therapeutic steps

*What are your next treatment options?*

*Which treatments are you trying on your own (e.g., supplements, vagus nerve stimulation, cold therapy, etc.)?*

*Which treatments would you like to discuss with a doctor (off-label medications, vitamin infusions, etc.)?*

*Find inspiration on the "Vitamins" and "Medications" pages at [Post-Covid-Plan.com](https://Post-Covid-Plan.com)*

Trying on my own	Discussing with a doctor

## Appointments

*What medical appointments should be scheduled to perform the necessary examinations and discuss the next treatment options?*

Appointment	Main objective