

APPOINTMENT CHECKLIST

Prior to going to your appointment, use this checklist to ensure you have brought all you will need with you!

- Insurance Card
- Form of Payment (for co-pay)

Online Toolkit Forms

- What You Want To Cover: Concerns, Goals and Questions
- Symptom Journal
- Medications Log
- Family History Log
- Vaccination Log
- Hospitalizations and Surgeries Log
- Health Problems Checklist
- Health Behaviors Checklist
- Females Only: Menstrual Period Checklist

WHAT YOU WANT TO COVER

What are your immediate concerns and/or goals for your visit? What questions do you want to make sure you ask? This form will help ensure you remember everything you want to cover!

CONCERNS: My top three medical concerns, in order of importance to me are:
1.
2.
3.

GOALS: My goals for this appointment are:
1.
2.
3.

QUESTIONS: My questions for the doctor are:
1.
2.
3.

If you are unsure what to ask, here are a few suggestions:

- What is my diagnosis? What else could it be?
- Why do you think this is my diagnosis (from test results/physical exam)?
- Could there be more than one thing going on?
- What do I need to do to feel better?
- Can you explain the test/medication/specialist you want me to have/see?
- When should you have the test results?
- What are the risks to the test/medication you are prescribing me? What happens if I do nothing?
- When do I need to follow up with you? How do I reach you (phone, email, online portal)?
- What should I do if my symptoms worsen or change or I don't respond to treatment?

Consider what is important to you about your relationship with your doctor. Express this at the visit.

- What are your information needs? Do you prefer directives or shared decision making?
- Does your doctor's personal style matter to you (formal, soft spoken, laid back, uses humor)?
- Is it important that your doctor matches your gender, race and/or age?
- Do you have a preference where he/she practices (small, large, academic or community setting)?

SAMPLE

WHAT YOU WANT TO COVER

What are your immediate concerns and/or goals for your visit? What questions do you want to make sure you ask? This form will help ensure you remember everything you want to cover!

CONCERNS:

My top three medical concerns, in order of importance to me are:

1. *I have a radiating pain and cough that is not going away.*
2. *I would like to get a flu shot.*
- 3.

GOALS:

My goals for this appointment are:

1. *Work with my doctor to form a plan of action to find out what is causing my symptoms.*
2. *Get an idea from my doctor as to what she thinks might be the cause of my pain.*
- 3.

QUESTIONS:

My questions for the doctor are:

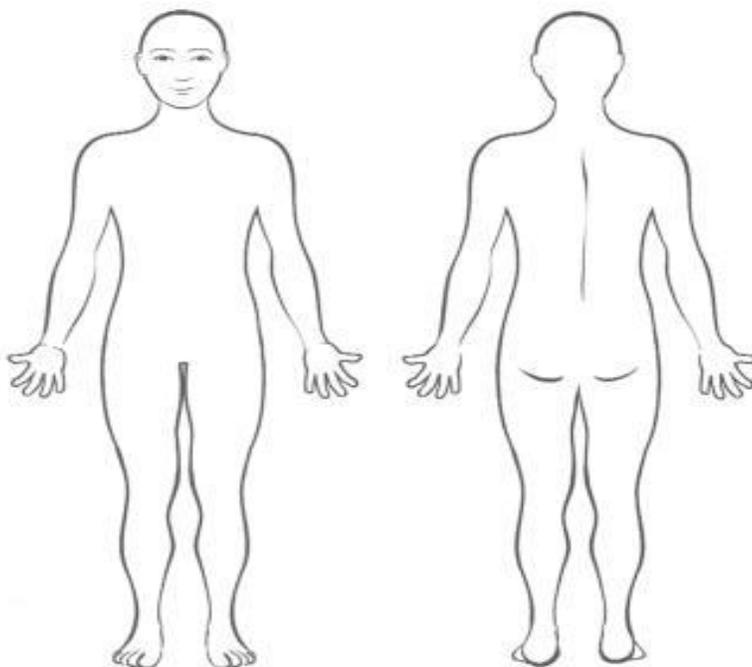
1. *What do you think is going on with me?*
2. *I've tried taking Tylenol but it isn't working, what do you recommend to relieve my symptoms?*
3. *What should my next steps be? And what are yours?*

SYMPTOM JOURNAL

When you are not feeling well or are concerned about your health, explaining what is wrong may be hard to do. Journaling your symptoms will help you maximize your visit, enabling you to quickly answer questions.

Use the drawing to indicate your health changes:

1. Where is it? Mark the drawing with an X.
2. How would you describe your symptom? Add words near the X such as sharp, achy, dull, stabbing, tingling
3. Does the pain radiate to some other area? Draw an arrow to this second place.



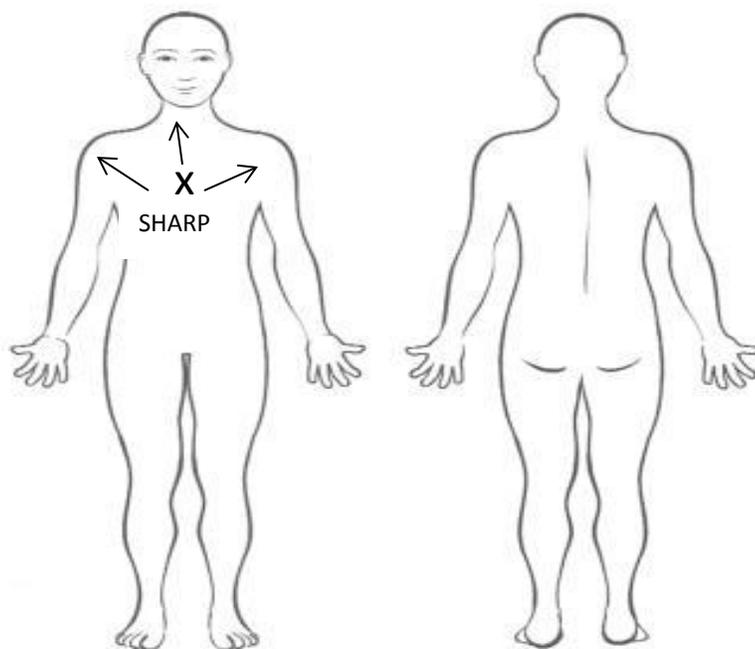
	Symptom 1	Symptom 2	Symptom 3
My symptoms			
When it started			
How severe is the pain at its worst? (1-10, 1 being no pain)			
How severe is the pain right now? (1-10, 1 being no pain)			
Is the pain constant or does it come and go?			
What makes it better or worse? (Ex: exercise, eating, time of day)			
What I think caused this symptom (Ex: accident, new medication)			
How I have treated my symptom (Ex: Tylenol, other doctor)			
How it affects my daily routine			

SAMPLE SYMPTOM JOURNAL

When you are not feeling well or are concerned about your health, explaining what is wrong may be hard to do. Journaling your symptoms will help you maximize your visit, enabling you to quickly answer questions.

Use the drawing to indicate your health changes:

1. Where is it? Mark the drawing with an X.
2. How would you describe your symptom? Add words near the X such as sharp, achy, dull, stabbing, tingling
3. Does the pain radiate to some other area? Draw an arrow to this second place.



	Symptom 1	Symptom 2	Symptom 3
My symptoms	<i>Sharp pain in chest</i>	<i>Cough</i>	
When it started	<i>4 weeks ago when drinking alcohol</i>	<i>2 weeks ago</i>	
How severe is the pain at its worst? (1-10, 1 being no pain)	8	2	
How severe is the pain right now? (1-10, 1 being no pain)	2	0	
Is the pain constant or does it come and go?	<i>At first pain only with alcohol and sometimes shooting pain</i>	<i>Slightly when I cough, throughout the day</i>	
What makes it better or worse? (Ex: exercise, eating, time of day)	<i>Bending forward helps a little</i>	<i>Lying down makes it a little worse</i>	
What I think caused this symptom (Ex: accident, new medication)	<i>Thought it was alcohol, stopped drinking, now not sure</i>	<i>Not sure</i>	
How I have treated my symptom (Ex: Tylenol, other doctor)	<i>Went to chiropractor</i>	<i>Tylenol, every 4-6 hours when pain is bad</i>	
How it affects my daily routine	<i>Having trouble sleeping</i>	<i>My co-workers are complaining</i>	