Preparing For Your Doctor's Appointment

Your relationship with your doctor is one of the most important ones you will have. Advance preparation will help use your doctor's time more efficiently and effectively. When people take an active role in their care, research shows they are more satisfied and do better in how well treatments work. Being prepared for your doctor's visit is important toward becoming a better advocate for your health and well-being.

Preparing for your doctor's appointment can seem overwhelming when you have a lot of information you want to relay to that medical professional, especially if this is your first time meeting with your doctor, or if you have been ill for a long time and you are unsure where to begin. Being organized is important because typically, on average, you will have less than ten minutes to address your concerns. Your medical professional will also have a few issues on his or her mind that they will want to discuss with you in that limited time so quality is more important than quantity. So try to remember what your ultimate goal is and try to stick to what is most important. Your focus should be on those concerns. Is it diagnosis, prognosis, testing, a new treatment plan, or modification of an existing treatment plan? What is the main reason for your visit? Preparing for your appointment can help you understand and answer those questions if you are still unsure.

Start with gathering your supplies. If you have had recent testing results that needs to come with you for the appointment, such as MRI's on cd's, make sure to call ahead so they are ready to be picked up in time for your appointment. If you have had lab tests run and need those results, or need help filling out certain medical forms, (for example, packets that have been provided for you from the provider you are seeing), be sure to provide as much detail as you can. If possible, drop them off ahead of your appointment with your medication list and list of your other medical professionals, including their phone and fax numbers, addresses, and reasons for seeing them. If you use a Fitbit, be sure to download that data and summarize your findings ahead of time to see if there is any correlations or noticeable information you should relay to your doctor.

And finally, be prepared to share your story truthfully and as openly as you can. Instead of just stating the problem, provide details about it. Disclose any smoking, vaping, drinking, CBD, THC, eating habits, mental status, exercise, LGBTQIA physical issues and needs, and any and all unique concerns you have. That will allow your doctor to best openly address your unique situation. Be prepared to express your feelings in a positive way. If you feel unheard, rushed, or need more attention regarding a certain issue that may require an additional appointment to fully address those concerns, be prepared to say so.

The best thing you can do for yourself to handle your appointments and your mental health while managing your care is to make a 3 ring binder now. Trying to keep track of your appointments, tests, phone numbers and fax numbers, medications and other important details is very overwhelming, especially when you are battling an illness.

Get organized! Below are some forms that will help you successfully organize in a way that will allow you to do some of your homework one time so you can prepare more easily on each

individual appointment as it comes. Make sure to print out the *Concerns* page each time you make an appointment immediately. As an appointment nears, you can write your thoughts down on that sheet. Reprint it prior to your appointment and reorganize by priority because, as you know, things can change unexpectedly, and it is imperative to keep track of issues and important details as they change.

Here are some common questions to help you gather your thoughts and relay them to medical professionals as appointments near:

What medical tests do I think I need?

How often will they need to be repeated?

What will the tests tell us?

What do they involve?

How should I get ready?

Will insurance pay for each test?

If not, how much will it cost?

Are there any dangers or side effects?

How and when will I find out the results?

Can I get a copy?

How soon will I need a follow up appointment?

How will you make your diagnosis?

What may have caused this condition?

How long will it last? Is it permanent?

How is this condition treated or managed?

How will it affect me?

What might be the long-term effects?

How can I learn more?

What are my treatment options?

What are the risks and benefits?

Ask yourself which treatment is best for you, given my values and circumstances?

What medications are available for me?

When will they start working?

What are common side effects?

Will I need a refill?

How do I arrange that?

Should I take it with food?

What time of day should I take it?

Should I avoid anything while taking it?

What if I miss a dose?

What can I do to prevent a health problem from developing or getting worse?

How will changing my habits help?

Are there any risks to making this change?

Are there support groups or community services that might help me?

Keeping a 3 ring binder and being organized will give you peace of mind, knowing that at every appointment you will have everything you need to answer every question your doctor may have. That can make a difference between getting answers to your questions at your appointment or having to wait for a phone call for those answers. It also saves time getting ready for future appointments with new specialists. Having test data and dates at your fingertips is always handy, too. Because trying to remember those details is difficult, the freedom not to worry about them is a gift to yourself.

3 Ring Medical Binder Forms

The following pages will help you keep your important medical information organized. These pages will be useful in creating a 3 ring binder for yourself that you should take with you to every medical appointment, including all tests, and even dentist appointments! Be as thorough as you can when you fill these out these forms as you prepare your medical binder. The following pages are:

'Concerns'

You may find that you might like to print multiple copies of this form and add it to each tabbed section. For example, for each provider, print a separate 'Concern' sheet and add it to the corresponding tab for each provider to keep track of your thoughts prior to appointments. Then, as an appointment nears with that provider, move that concern sheet to the front of your binder, go over it again, re-print it, and re-organize your thoughts, as circumstances may have changed since you first started taking notes.

'At A Glance'

Keep this near the front of your binder so you don't accidentally make conflicting follow up appointments. Also, if you have reoccurring appointments such as rehab appointments that are frequent, you may want to use a separate the 'At A Glance' Page to keep track of those frequently occurring appointments, separate from the overall appointments.

'Medications List'

Remember to update this form when you are given new medications, as doses change, medications are stopped, and if you start taking new supplements or replace supplements with a different brand of supplement that may have different makeups than the previous brand you were taking.

'Symptom Description List'

Keep track of your symptoms on these sheets. If they change, the frequency, intensity, when they stop or start, if they worsen at certain times of the day, if you couldn't eat, affected by certain foods, losing sleep, had to sleep with a wedge, had to sleep in recliner, had to lie down, couldn't exercise or had to limit physical activity, missed work or social functions, controlled by OTC, prescription drugs or home remedies.

'Medical Professionals List'

This form is to keep your medical provider's contact information with you including phone, address, and fax numbers with you so if during an appointment you are asked to furnish a test result or other diagnosis, you are able to provide required contact info to expedite that result.

'Long Covid-19 Symptom List'

This list is a very extensive list of over 200 symptoms associated with Long Covid-19. They are separated by body symptom for the ease of medical professionals to be able to apply to their practice. As many Long Haulers have had to wait extensive amounts of time to be seen, it is easy to forget some of the symptoms that may have come and gone. This list may help you remember some that also may have become such a part of your life you have forgeten that they weren't a part of your life pre-Covid.

'Covid Vaccine Persistent Symptom List'

This list is a list of the top 20 reported symptoms reported by people to have occurred after having received Covid-19 vaccines. Many of the symptoms from this list and the list from 'Long Covid-19 Symptom List' are similar and cross over. Please also refer to both lists as references.

'EMERGENCY CONTACT'

Immunology

This form is two-fold, the obvious being if something were to happen to you medically while you are in possession of your binder, a good Samaritan can easily contact someone that you would like to know that you are in need emergency medical care. Also, if you were to misplace this very important medical tool, your contact information will also be included on this document, and it can be returned to you safely.

Below are some examples of some tabs that you may like to create for your binders
Personal
Primary
Neurology

Internal Medicine

Gastroenterology

Physical Therapy

Occupational Therapy

Speech Therapy

Therapy

Bills

Studies

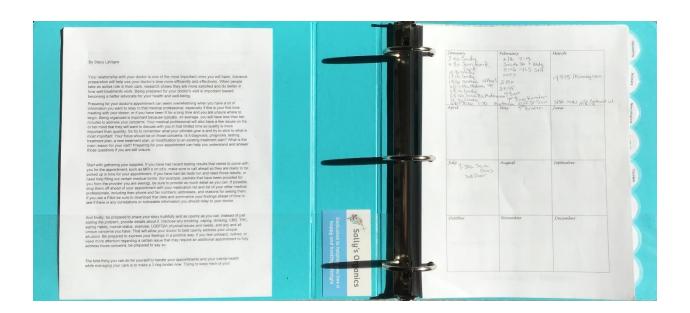
Travel Expenses

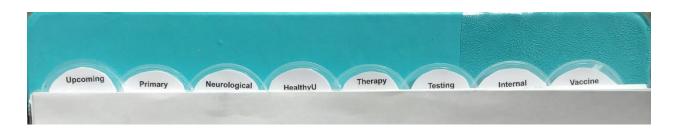
Upcoming

Personal Information

Medication

Tests





We hope that this is a good starting point for you to gather your medical documents and organize them in one place. At the end of each appointment remember to ask your medical provider for a copy of what was discussed at your appointment for that day. You can call and request any documentation from previous appointments and tests that you do not already possess currently to add to your binder. The more complete your documentation is, the more successful your appointment will be.

The information provided herein is for general informational purposes only and is not intended as medical advice or a substitute for professional health care. Please consult appropriate health care professional for your specific needs.

Concerns

Provider: 1.	Appointment Date:	
1.		
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Follow up appointment:

Covid Vaccine Persistent Symptom List

□Fatigue
□Hesia (Burning)
□Brain Fog
□Muscle Twitching
□Dizziness
□Heart Palpitations
□Joint Pain
□Persisting Headaches
□Nerve Pain
□Muscle Aches
□Anxiety Attacks
□Tinnitus
□Chest Pain
□Nausea
□Shortness of Breath
□Insomnia
□Memory Loss
□Lymphadenopathy

Long Covid-19 Master Symptom List

<u>Systematic</u>
□Fatigue
□Post-External Malaise
□ Elevated Temperature (98.8-100.4)
□Chills/Flushing/Sweats
□Skin sensations
□Weakness
□Night Sweats
□Coldness
□Fever(>=100.4)
☐ Heat Intolerance
□Low Temperature
□Other Temperature problems
Endocrine / Genitourinary
□Extreme thirst
□ Abnormally irregular periods
□ Abnormally heavy periods/clotting
□Other menstrual issues
□Sexual dysfunction – nonbinary
□Urinary Issues
□Sexual dysfunction – Cis M
□Bladder Control Issues
□Pain in testicles – Cis M

□Sexual dysfunction Cis – F			
□Other semen/Penis/testicles issues – Cis-M			
□Pain in testicles – Nonbinary			
□Early in Menopause – Cis F in 40s			
□ Decrease in size of testicles/penis – Nonbinary			
□Post-Menopausal bleeding – Cis F in 40s			
□Early Menopause– Cis F < 40			
□Pain in Bladder/Inflammation			
□UT Pain			
<u>Cardiovascular</u>			
□Palpitations			
□Tachycardia			
□Pain/burning in chest			
□Visibly inflamed/bulging veins			
□Bradycardia			
□Feeling Faint/Light-Headed			
<u>Musculoskeletal</u>			
□Tightness in Chest			
□Muscle Aches			
□Joint Pain			
□Stiff Neck			
□Muscle Spasms			
□Bone ache or burning			

Immunologic and Autoimmune ☐ Heightened reaction to old allergies □New allergies □New anaphylaxis reaction □Shingles <u>HEENT</u> ☐ Sore Throat ☐Blurred Vision □Vision symptoms □Lump in throat/difficulty swallowing ☐ Sensitivity to light ☐Runny Nose □ Dry Eyes □ Changes in Voice ☐ Eye Pressure and Pain □Ear Pain □Fluid in Ear ☐ Itchy Eyes □ Conjunctivitis □Floaters ☐ Letters reversed spelling □Bloodshot Eyes ☐Flashes of light

☐ Seeing things in peripheral vision

□Hallucinations
□Other Hearing Issues
□Hearing loss
□Redness on the outside of eyes
□Facial pressure/ right side
□Facial pressure/ other
□Numbness on face
□Numbness in Ear
□Facial paralysis
□ Double Vision
□Tunnel vision
□Total loss of vision
<u>Pulmonary</u>
Pulmonary □Shortness of breath
□Shortness of breath
□Shortness of breath □Dry cough
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level)
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level) □Cough with mucous production
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level) □Cough with mucous production □Sneezing
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level) □Cough with mucous production □Sneezing □Rattling of breath
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level) □Cough with mucous production □Sneezing □Rattling of breath □Other Respiratory and Sinus
□Shortness of breath □Dry cough □Breathing difficulty (Normal 02 level) □Cough with mucous production □Sneezing □Rattling of breath □Other Respiratory and Sinus □Crystals in phlegm

Gastrointestinal
□Diarrhea
□Loss of appetite
□Nausea
□Abdominal pain]
☐ Gastroesophageal reflux
□ Feeling full quickly when eating
□ Constipation
Hyperactive bowel sensation
□Vomiting
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<u>Dermatologic</u>
□Itchy Skin
□Skin Rashes
□Petechiae
□Skin round scabs
□Covid Toe
□Peeling Skin
☐Other Skin and Allergy
□Brittle or discolored nail
□Dermatographia
□Itchy other
Emotion and Mood
□Anxiety

□Irritability
□Depression
□Mood lability
□Tearfulness
□Apathy
□Sense of Doom
□ Derealization/Depersonalization
□Anger
□Impulsivity/Disinhibition
□Suicidality
□Aggression
□Other Emotional changes
□Euphoria
□Hypomania
□Delusions
□Mania
Sensorimotor Symptoms
□ Dizziness/Vertigo – Balance issues
□Tingling/pins and needles
□Tremors
□Numbness/loss of sensation
□Sensitivity to noise
□Tinnitus
□Sensation of Brain Pressure
□Neuralgia (nerve pain)

□Vibrating Sensations
□ Electrical zaps/electrical Shock Sensations
□Numbness/weakness – one side
□Sensation of brain warmth/on fire
□Inability to yawn
□Inability to cry
□ Feeling of Internal Vibration
<u>Sleep</u>
□Insomnia
□Waking up several times a night
□ Difficulty falling asleep
□ Awakened by feeling inability to breathe
□Vivid Dreams
□Nightmares
□Waking up Early in the morning
□Restless Leg Syndrome
□Lucid Dreams
□Sleep Apnea
Cognitive Functioning
□Brain Fog
□Poor Attention
□ Difficulty thinking
□ Difficulty executive functioning
□ Difficulty problem solving

□Slowed thoughts
□Acute sudden confusion
☐Thoughts moving too quickly
□Agnosia
□Other Cognitive Functioning Issues
<u>Memory</u>
□Short Term Memory loss
□Long term memory loss
□Other memory term loss
□Forgetting how to do routine tasks
□Inability to make new memories
<u>Headaches</u>
☐ Headaches behind the eyes
□Headaches diffuse
☐ Headaches behind the temples
☐ Headaches at the base of the skull
☐ Headaches after mental exertion
□Migraines
□Headaches / other
Taste and Smell
□Loss of smell
□Loss of taste

□Altered sense of taste
□Phantom smells
□Altered sense of smell
□Phantom taste
□Heightened sense of smell
☐ Heightened sense of taste
Speech and Language
□Difficulty finding the right words
□ Difficulty communicating verbally
□Changes to non-primary language
□Difficulty processing written text
□Difficulty comprehending speech
□ Difficulty speaking
□ Difficulty communicating in writing
□Slurring words/speech
□Speaking unrecognizable words
□Other speech/language symptoms
<u>Hallucinations</u>
□Visual Hallucinations
□ Auditory Hallucinations
□Tactile Hallucinations

In Case of Emergency

MY Name:		
Phone:	Work:	
Address:		
Emergency Contact #1		
Name:		
Phone:	Work:	
Address:		
Emergency Contact #2		
Name:		
Phone:	Work:	
Address:		

Medical Professional's/Facilities List

Doctor / Testing Facility	Phone	Address
Specialty	Fax	Email

Medications and Supplements

Medication Dosage Per Day Ph		
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Year at a Glance

January	February	March
April	May	June
July	August	September
October	November	December