

Talking with Your Doctor

Take these sheets home with you to fill out for your next doctor's visit.

BEFORE YOUR VISIT

My next doctor's visit is **COMING UP**. Have I ...

- | | |
|---|--|
| <input type="checkbox"/> ... filled out a "Doctor's Visit Conversation Guide" sheet (Page 2) to bring with me? | <input type="checkbox"/> ... made a list of my other doctors' names/phone #s...? |
| <input type="checkbox"/> ... placed all my medicines in a "to-go" bag, OR updated my list of medicines? | <input type="checkbox"/> ... packed a paper and pen for taking notes? |
| <input type="checkbox"/> ... put my insurance card(s) in my wallet? | <input type="checkbox"/> ... arranged to bring a friend or family member with me? (Optional) |
| | <input type="checkbox"/> ... arranged with my doctor's office to have an interpreter? (Optional) |

DURING YOUR VISIT

I am **AT** my doctor's visit. Have I ...

- | | |
|---|---|
| <input type="checkbox"/> ... made sure I can see and hear as well as possible? | <input type="checkbox"/> ... talked to the other members of my healthcare team (nurses, social worker, care coordinator)? |
| <input type="checkbox"/> ... asked my doctor for any brochures, fact sheets, or other written/visual materials? | <input type="checkbox"/> ... understood everything the doctor or care team has said? |
| <input type="checkbox"/> ... taken good notes? | <input type="checkbox"/> ... asked all the questions I have? |

AFTER YOUR VISIT

I am back **AT HOME** after my doctor's visit:

- | | |
|--|---|
| <input type="checkbox"/> Have I filled out a "Doctor's Visit Recap" sheet (Page 3)? | <input type="checkbox"/> Am I clear about the doctor's instructions?
<small>* If not, call or email your doctor, or contact them on MyChart with any questions you may have.</small> |
|--|---|

Doctor's Visit Conversation Guide

BEFORE YOUR VISIT

Do you have any questions you would like to ask you doctor?

1. _____
2. _____
3. _____

Any new problems or concerns?

1. _____
2. _____
3. _____
4. _____

Any new medical, mental health, or life changes?

1. _____
2. _____
3. _____
4. _____

Is there anything that currently worries you?

1. _____
2. _____

Do you have any concerns about the medications you're taking? If so, which ones?

1. _____
2. _____

What other doctors are you seeing?

Doctor Name (example: Dr. John Smith)	Speciality (example: diabetes doctor)	Contact Information (example: 555-555-5555)

Doctor's Visit Recap

AFTER YOUR VISIT

Did your doctor make any changes to your medications?

1. _____
2. _____

Did your doctor assign you any new health goals or regimes?

1. _____
2. _____
3. _____
4. _____

Health Test Due:

1. *(example: mammogram due 1-20-20)* _____
2. _____

Is there anything you didn't understand and would like to be explained?

1. _____
2. _____

Notes:

Upcoming PCP or speciality appointments:

1. _____
2. _____
3. _____