Complete this worksheet before your doctor's visit and take it with you. It will:

- Help you think about your health needs ahead of time and plan what questions to ask
- Help your doctor work with you to give you the best health care

Use another sheet of paper if you need more room.

Check the boxes after you finish each item.

**Before the Visit**

1. **Call or talk to these people:**

   - [ ] Call your doctor's office to make an appointment. Write it here:

   __________________________________________________________

   [ ] Going to a new doctor? Call your old doctor. Ask that your records be sent.

   [ ] Have other doctors ordered tests? Ask them to send the results to your doctor.

   [ ] Ask someone you trust to go with you to the visit. A doctor's visit can be stressful. It may be hard to listen well and remember. Your spouse, your child, or a friend can write down what your doctor says. Ask this person:

   __________________________________________________________

(continued on next page)
2. Pack and bring to the visit:

- Your **personal health record**, if you have one. Talk with your UPMC Health Plan health coach if you need one.
- Any **health diaries** you keep. Examples: blood pressure, weight, or blood sugar
- Your **medicines** in their original containers. *If you cannot pack them*, complete the chart below. Include prescription and over-the-counter medicines, vitamins, and herbals.

<table>
<thead>
<tr>
<th>Medicine/vitamin/herbal</th>
<th>How much you take</th>
<th>When you take it</th>
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3. Write down the following about your typical health habits, compared to what they were at your last visit:

- Cups of fruit you eat per day: ________  Amount at last visit: ________
- Cups of vegetables you eat per day: ________  Amount at last visit: ________
- Servings of whole grains per day: ________  Amount at last visit: ________
- Number of alcoholic drinks per day: ________  Amount at last visit: ________
- Number of hours you sleep per night: ________  Amount at last visit: ________
- Minutes of exercise you get per week: ________  Amount at last visit: ________
- How much do you smoke or use tobacco? ________  Amount at last visit: ________
- Number of people you can talk to and rely on for help: ________  Amount at last visit: ________

4. Write down how your health has changed since your last doctor’s visit.

1. Any health problems or symptoms since your last visit, how long they have lasted, and how you are treating them
   
   ____________________________________________________________________________

   ____________________________________________________________________________

2. Other illnesses or injuries since your last doctor’s visit

   ____________________________________________________________________________

   ____________________________________________________________________________

3. Emergency room visits, surgeries, or hospital stays since your last doctor’s visit

   ____________________________________________________________________________

   ____________________________________________________________________________
4. Urgent care visits

_________________________________________________________________

_________________________________________________________________

5. Allergic reactions

_________________________________________________________________

_________________________________________________________________

6. Medicine(s) started or stopped by another doctor

_________________________________________________________________

_________________________________________________________________

7. Major sources of stress since your last doctor’s visit

_________________________________________________________________

_________________________________________________________________

8. Menstrual or menopausal changes (women)

_________________________________________________________________

_________________________________________________________________
5. Write down the questions you want to ask you doctor.

First, write your top three questions below. Some example questions are listed on page 7, 8 and 9. During the visit, also write below what you doctor says about each question.

<table>
<thead>
<tr>
<th>My top three questions</th>
<th>What my doctor said</th>
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Next, write down the other questions you have and what your doctor says. Plan to ask these questions if you have time. If you don’t have time:

- Make another appointment
- Or ask to speak with a nurse or physician assistant

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<th>My other questions</th>
<th>What my doctor said</th>
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During the Visit

☐ Show your doctor:

- Your personal health record, diaries, and medicines
- What you wrote above about your health habits and changes in your health

☐ Ask the questions you wrote down before the visit. Write down what your doctor says. Or have your support person do so.

The best way to ask questions is to:

- Be polite. But keep asking until you understand the answers.
- Repeat the key points your doctor made. Then ask, “Is that right?”
- Remember that your doctor’s job is to help you be healthy. You have the right to ask questions until you understand.

Before you leave the doctor’s office, ask your doctor:

☐ About a living will if you don’t have one

☐ When should I schedule my next visit? ____________________________________________

☐ What should my plan of action be? (Write it here.) ________________________________

☐ Please give me any prescriptions and referrals to specialists I need.

(continued on next page)
After the Visit

☐ Follow your plan of action (see above).
☐ Pick up any medicines you need.
☐ Make an appointment to have tests or treatments done or to see a specialist, if needed.
☐ Update your personal health record based on the visit.
☐ Call your doctor if you:
  • Have more questions.
  • Feel worse.
  • Have problems with your medicines.
  • Have not gotten your test results.

Example Questions to Ask

About your health problem and symptoms
1. What may be causing my health problem and symptoms? Is there more than one condition that may be causing them?
2. What should I do if my symptoms get worse?
3. Will I need tests to make sure what condition(s) I have? Which tests? (See section below about tests.)

When you are told you have a medical condition
1. What does this mean for my future?
2. How can I learn more about it? Do you have written instructions? Brochures? Websites? Videos?
3. What will I need to do to manage my condition? (See sections below that apply.)
4. How can I manage it along with my other medical conditions?
5. What changes in my health habits do you recommend? (See section below about treatment.)
6. Do I need to see a specialist? Who do you recommend?
If you need tests
1. What test(s) do I need?
2. What are they for?
3. Are there other ways to find out that information?
4. How are the tests done?
5. How accurate are the tests?
6. How safe are the tests?
7. How much will the tests cost?
8. What do I need to do to get ready for the test?
9. When will I get the results?
10. How will the results affect my treatment options or plans for my care?

If you need treatment
1. What are my treatment options? Will lifestyle changes help?
2. What are the pros (benefits) of each treatment?
3. What are the cons (risks) of each treatment? Examples: Are there side effects? Will it hurt? What will it cost?
4. What are the chances each treatment will work? When will I know?
5. What is the best hospital or medical facility for each treatment?
6. When do I need to decide?
7. What if I decide not to have treatment?

If you need medicine
1. What medicine do I need? Please spell it for me.
2. What is the medicine for?
3. Are there other medicines to consider?
4. What does the medicine cost? Can I take a generic?
5. When should I take the medicine?
6. How much do I need to take?
7. How long do I need to take it?
8. What are the side effects? What can I do about them? Which side effects should I call you about?
9. What should I do if I forget to take this medicine?
10. What should I do if I take too much by accident?
11. Should I avoid any foods, drinks, or activities?
12. Should I not take certain medicines, vitamins, or herbals?
13. Can I make lifestyle changes instead of taking this medicine or to help it work better? What are they?
14. Should I get a refill?
15. Is there written information I can have?

If you need surgery
1. What kind of surgery do I need?
2. Why do I need the surgery?
3. Is there another way to treat my condition?
4. Have you done this surgery before?
5. Which hospital is best for this surgery?
6. Will I need to be put to sleep (anesthesia)?
7. Do you need to know who will visit me while I’m in the hospital?
8. What will happen after the surgery?
9. How long will it take me to recover?
10. How long will I be in the hospital?
11. What if I should need inpatient skilled care?
12. What will happen if I wait or don’t have the surgery?

If you need or might need more support
1. Is there a Practice Based Care Manager who could help me?
2. Would the following services help me? If so, how do I make an appointment?
   - Home health care
   - Pulmonary Rehab (for my lungs)
   - Cardiac Rehab (for my heart)
   - A wound clinic
   - A dietitian (nutritionist)
   - Being evaluated for physical or occupational therapy
3. I have money problems. How can I get financial help?
4. I am a caregiver. How can I get support?
5. I have problems getting along with my family or friends. How can I get help?