

Speaking with your doctor or healthcare practitioner

| Before your appointment | Write your answers below |
|--|--------------------------|
| What are your symptoms, and how long have you had them for? | |
| * Even if you don't think your symptoms are related, write them all down. | |
| How often do they occur? | |
| Are the symptoms constant or episodic (come and go)? | |
| How long do they last? (Is it a matter of seconds, minutes or days?) | |
| Do they happen at specific times? (Morning, evening or night time or, for example, around the time of your period) | |
| Do they cause pain? How would you describe the pain? (For example: sharp, a dull ache, throbbing) | |
| Is there anything that makes the symptoms better, or worse? | |
| What is the impact of these symptoms on your life? | |
| Do they affect your ability to work or socialise? | |
| Do they affect your ability to carry out your daily activities e.g. (walking, climbing stairs, exercise or hobbies? | |
| What actions have you taken to treat or manage the condition? Have these actions been effective in reducing the frequency or impact of the symptoms? | |
| Are you taking any medication? What is its name? When did you start taking this medication and why are you using it? | |
| How often to you take this medication and how much do you take? | |
| Do you have any allergies or reactions to medications? | |
| Do you have a family history of illness? | |
| Is there anything else that could be affecting your health? | |
| Are you currently on a diet? | |
| Are you having difficulty sleeping lately? | |
| Do you smoke cigarettes? Drink alcohol? Use other substances? | |
| Have there been any major events (death of loved one, accident, moved house etc.) in your life recently? | |
| During the appointment | Write your answers below |
| What is the name of the disease or the condition? | |
| Are there symptoms that might develop where I should seek immediate medical help? | |
| How is it caused? | |
| Do I need to have any tests done to get a diagnosis? What do these tests involve? | |
| Are the tests safe? | |
| How long will I have to wait for a result? | |



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| How might the condition develop? Can it go away completely or is it life-long? | |
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| Does it get worse with age? | |
| Are there any long-term effects on my life with this condition? | |
| Can it go away and then re-occur? Is there a possibility of relapse? | |
| What are the different treatment options? | |
| How effective is each treatment option? | |
| What are the benefits and risks of each treatment option? | |
| What is the cost of each treatment? | |
| Are there less-expensive tests, treatments or procedures? What will my insurance cover? Are there generic drugs instead of brand-name drugs that I can use? | |
| How long will the treatment take to begin working? | |
| Are there any side effects of the treatment? | |
| Is there anything I can do in the meantime to help manage the symptoms? | |
| What is Plan B – if the first course of action does not work? | |
| When should I meet with you (My healthcare professional or specialist) again, to re-evaluate the treatment plan? | |
| Do I need to be referred to a specialist or consultant? | |
| How long is the waiting time for a referral usually? (Is there a difference between private care vs. public care waiting times) | |
| How are the referral costs covered? Insurance vs. public care. | |
| Are there any organisations or additional resources that can offer me support? | |
| Do you have any written or online material/pamphlets about my condition or treatment? | |
| Is there anything else I should know? | |









