## You want to get the most from your next medical appointment.

Here's a worksheet that will help you get ready.

- Fill in the sections that apply to your circumstances.
- Consider sharing your notes with the health care provider at your next appointment.
- You can print this document and fill in a hard copy, or fill it in electronically using the Tab key to move from one field to the next.

Health care provider's name Appointment date and time

Specialty

#### If it's an in-person appointment

Address: Time I have to leave at:

Factor in anticipated traffic, time to park, bus schedule and other delays

#### If it's a virtual appointment

Contact information:

Private space where I will attend the call or videoconference:

Did I set a reminder for myself?



For a short video on this topic, click <u>here</u> or use this link:
canadalife.com/video-appointment

We wish you a speedy recovery!



#### **Prescribed tests**

Test (blood tests, X-rays, ultrasound, etc.)	Date completed or appointment date	Hospital or clinic

### Questions for my health care provider

Write down your questions here. You can highlight the most important ones.

#### My symptoms

Write down symptoms such as pain, a depressed, sad or anxious mood, a drop in your energy level, trouble sleeping, digestive problems, etc. Note how they vary throughout the day and what makes you feel better or worse.

My lifestyle habits Describe the habit, include quantity and	frequency.
Alcohol	
Nicotine	
Marijuana and other substances	
Exercise and sports	
Hobbies	
Sleep habits	
Other habits:	

### Other health care providers I'm seeing

Other doctors, specialists, physiotherapist, chiropractor, psychologist, etc.

Name	Specialty	Last appointment	Next appointment

### **Medication, vitamins, supplements**

List here, take a picture or ask your pharmacist for a list. Include over-the-counter drugs, even if used only on occasion.

Name Dose and frequency Is it work		Is it working? Questions about it? Are there side effects?

### Treatment I've had in the past

Approximate date/year	Treatment type (include medications)	Did it help?

Other people I want to talk to about my appointment	
List people like your partner or spouse, family members, friends, disability case manager, other health care providers. Describe why you want to talk to them.	
Notes	
Notes	