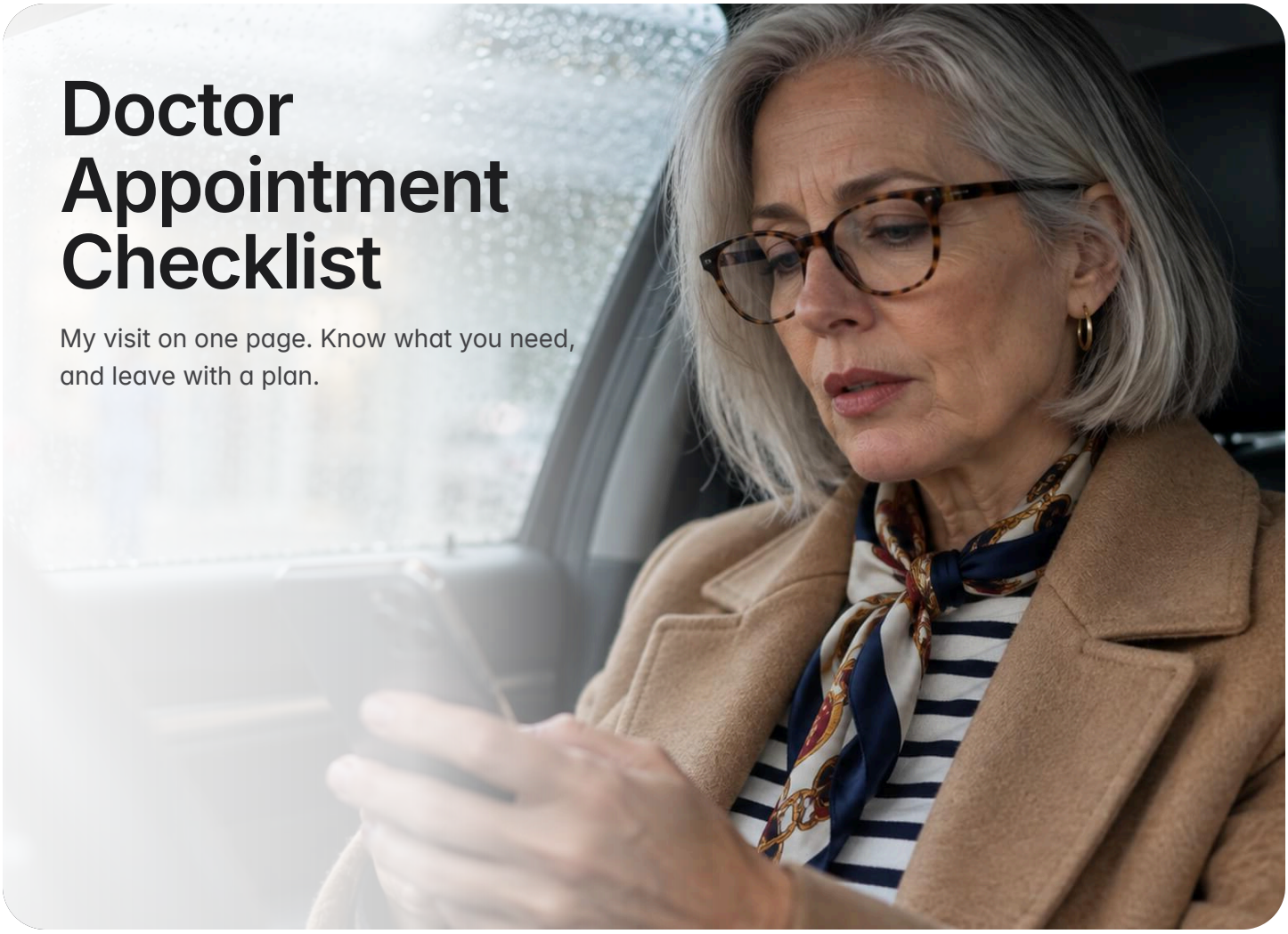
Doctor Appointment Checklist

My visit on one page. Know what you need, and leave with a plan.



WHY IT HELPS

Visits are short, and it is easy to forget the one thing you came for. Writing it down first means it gets said. Writing the answers down means they come home with you.

THREE SMALL STEPS

Before	Fill in the first page in the days before.
During	Read from it, and note what the doctor says.
After	Check you got your one thing.

INSIDE

1 An example to copy

2 Before the visit

3 During and after

4 My visits at a glance

Print two copies. Keep one for your notes and hand the other to your doctor at the start of the visit.

CareClinic

EXAMPLE DOCTOR APPOINTMENT CHECKLIST · BEFORE THE VISIT

VISIT DATE	WITH	REASON FOR THE VISIT
Thursday, March 12	Dr. Lee, family doctor	Tiredness and headaches

1 The one thing I need from this visit

If nothing else gets covered, this should.

Find out why I am so tired all the time,
and whether my blood tests need repeating.

2 What has changed since last time

New, worse, better or gone. Add a date.

Feb 1	Started amlodipine 5 mg for blood pressure
Feb 17	Headaches went from once a week to most days
Mar 1	Waking at 4 am a few nights a week

3 Symptom snapshot

Affects my day: 1 dot a little, 4 a lot.

SYMPTOM	SINCE WHEN	HOW OFTEN	AFFECTS MY DAY	WHAT HELPS
Tiredness	January	**Daily** / Weekly / Now and then	●●●○	Rest after lunch
Headaches	Mid February	**Daily** / Weekly / Now and then	●●○○	Water and a dark room
Waking early	March 1	Daily / **Weekly** / Now and then	●●○○	No screens after 9 pm

4 My top 3 questions

Most important first.

1. Could my thyroid or iron explain the tiredness?
2. Could the new blood pressure tablet cause headaches?
3. How often is it safe to take ibuprofen?

5 Current medicines

Name, dose and when

Amlodipine	5 mg, every morning
Vitamin D	1000 IU, daily
Ibuprofen	200 mg, as needed

6 Bring with me

- [x] ID and insurance card
- [x] Medicine list
- [x] Test results
- [ ] A support person
- [x] This sheet

VISIT DATE

WITH

REASON FOR THE VISIT

1 The one thing I need from this visit

If nothing else gets covered, this should.

2 What has changed since last time

New, worse, better or gone. Add a date.

3 Symptom snapshot

Affects my day: 1 dot a little, 4 a lot.

SYMPTOM	SINCE WHEN	HOW OFTEN	AFFECTS MY DAY	WHAT HELPS
		Daily · Weekly · Now and then	○○○○	
		Daily · Weekly · Now and then	○○○○	
		Daily · Weekly · Now and then	○○○○	

4 My top 3 questions

Most important first.

1.

2.

3.

5 Current medicines

Name, dose and when

6 Bring with me

- [ ] ID and insurance card
- [ ] Medicine list
- [ ] Test results
- [ ] A support person
- [ ] This sheet

VISIT DATE

SEEN BY

1 What the doctor said

Key points, in my own words.

2 Tests or referrals

Tick when booked, then when done.

TEST OR REFERRAL	BOOKED	DONE
	☐	☐
	☐	☐
	☐	☐

3 Medicine changes

New, changed or stopped.

MEDICINE	CHANGE	NEW DOSE AND WHEN
	New · Changed · Stopped	
	New · Changed · Stopped	
	New · Changed · Stopped	

4 Next steps and follow-up

FOLLOW-UP DATE

☐ Booked

5 When to call back

Signs that mean I should call, and who to call.

PHONE NUMBER

6 Did I get my one thing?

Yes · Partly · No

IF NOT, MY NEXT STEP

My visits at a glance

One line per visit. Looking back shows what got sorted, and what still needs a push.

DATE	WHO I SAW	MY ONE THING	DID I GET IT?	NEXT STEP
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	
			Yes Partly No	

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, therapist or care team.