

Appointment Aide: Preparing for Your Appointment



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Patients who are active members of their health care team are more likely to see their health conditions improve (following a hospitalization). This tool can help you be an active team member by preparing for your new health care appointment. It is yours to write in and carry with you when you see a new clinician.

Use this tool to help you speak up, ask questions, and let your team know what information you need to be prepared. Some people find it helpful to ask a care partner, such as a family member or friend, to come to the appointment and help with care. **You are the most important member of your health care team.**

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Before My Appointment

1. Why am I being referred somewhere else?
2. What concerns or questions are important to me? (For example, “I get short of breath walking up my stairs,” or “Should I take my insulin if my blood sugar is low in the morning?”)
3. What do I need to take with me to my new appointment? (This includes things like the after-visit summary, records, test results, or medicines.)
4. Which medicines am I taking now? (Use “My Medicine List” to keep track of your medicines, including over-the-counter creams, medicines, vitamins, and supplements.)
5. How am I getting to my new appointment?
6. Who do I want to go with me or help in my care? Did I ask for help?
7. Other questions:

During My Appointment

Bring this form to your next appointment. Make sure you ask these questions:

1. What do I need to know about my health condition(s)?
2. What can I do to improve my health?
3. Are there any changes to my current medicine list?
4. What problems should I look for, and what do I need to do if I have these problems? (Use “The Problems I Need to Look For” page to help you remember who to contact when you have these problems.)
5. Do I need any new health equipment or supplies? How will I learn to use them?
6. Do I need help with any of the following? Check the boxes next to the tasks you need help with, and share your answers with the health care team.

Bathing

Dressing

Using bathroom

Climbing/walking down stairs

Food shopping

Housecleaning

Paying bills

Getting to doctors' appointments

Cooking

Picking up or managing my prescription medicines

Other: _____

My Medicine List

(As of _____)

My Allergies to Medicines _____

My **Regular Medicines (Bring this form to your next appointment.)**

Remember to include any over-the-counter medicines, vitamins, or supplements on the list.

Name (brand and generic)	Why do I take it?	Who prescribed this medicine?	When did I start taking this medicine?	How much do I take?	When do I take it?	Notes

Medicines I Need to **Stop Taking**

Name (brand and generic)	Why did I take it?	Why was it stopped?

The Problem(s) I Need to Look For

I should...	...if I have the following problem(s):
<input type="checkbox"/> Call 911 <input type="checkbox"/> Go to the nearest emergency room or clinic <input type="checkbox"/> Call _____ <input type="checkbox"/> Schedule follow-up appointment	
I should...	...if I have the following problem(s):
<input type="checkbox"/> Call 911 <input type="checkbox"/> Go to the nearest emergency room or clinic <input type="checkbox"/> Call _____ <input type="checkbox"/> Schedule follow-up appointment	

My Appointments

Date and time	Reason for appointment	Who will I see?	Address and phone number	Who referred me?	Specific instructions

My Health Care Team

My primary care doctor, nurse practitioner, or physician assistant:

Contact information:

My care partner (family or friend helping me with care):

Contact information:

Other team members:

Contact information:

Specialists I see regularly:

Contact information:

My support group:

Contact information:

Other team members:

Contact information:

My care coordinator/case manager/health coach:

Contact information:

My home health clinician:

Contact information:

Other team members:

Contact information:

My pharmacy:

Contact information:

My patient portal:
WEB ADDRESS

USERNAME

Other team members:

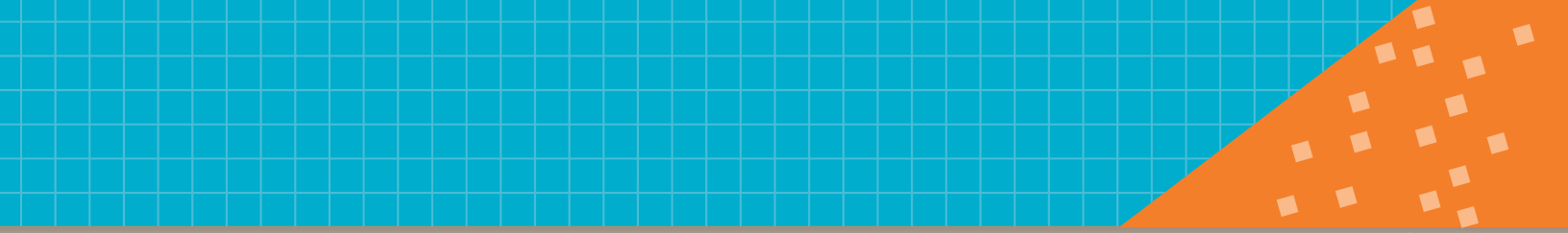
Contact information:



Care Partner Questions

For the care partner (family or friend helping with care): Use these questions to help you and the team have the right information to support the patient. Please do not hesitate to speak up and ask questions.

1. What do I need to know about the patient's plan of care? (For example, when to take medicines, or when to follow up)
2. What can I do to help the patient? (For example, what is my role in helping the patient at home? How will I help at future appointments?)
3. What concerns do I have about helping the patient?
4. What resources do I need to provide help? (For example, training, home nurse visits, meal delivery)
5. Can I physically perform the tasks?
6. How will I take care of myself as a care partner? (For example, join a support group, hire someone to help provide care, make sure I am not ignoring my own health needs.)
7. What problems should I look for? Who should I contact if the patient has these problems?



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