



# Doctor Visit Prep Kit

*A family kit for planned health appointments*

For the person going to the appointment and anyone they invite to help.

## The appointment

|               |                                         |                      |
|---------------|-----------------------------------------|----------------------|
| Date and time | Place or video link                     | Clinician and clinic |
| Office phone  | Reason for the visit, in your own words |                      |

## Who is involved

|                                       |                                        |
|---------------------------------------|----------------------------------------|
| People I want with me or on the phone | What they may hear and share afterward |
|---------------------------------------|----------------------------------------|

☐ Let the office know who is coming, and ask whether they need you to sign a form to share information.

## Before you go

- ☐ Bring your current list of prescriptions, over-the-counter medicines, vitamins and supplements, with doses. The bottles work too.
- ☐ Bring your insurance card and photo ID.
- ☐ Bring recent results or letters from other clinicians, or ask the office how to send them securely.
- ☐ Ask the office about access needs: an interpreter, hearing or vision support, mobility help or extra time.
- ☐ Before anyone records the visit, ask everyone first, including the clinician, and follow office rules.
- ☐ Choose your top three questions (page 3) and fill in what's changed (page 2).

|                                          |                             |
|------------------------------------------|-----------------------------|
| Allergies or past reactions to medicines | Access or interpreter needs |
|------------------------------------------|-----------------------------|

**For planned visits, not emergencies.** If you think it may be a medical emergency, get emergency help now (in the U.S., call 911). Don't wait for a scheduled visit.

# What’s changed

Note what you or others have noticed since the last visit: what happened, when, and how it affected daily life. Leave the explaining to the visit.

Since the last visit, has anything changed with:

- ☐ Sleep
- ☐ Appetite or weight
- ☐ Mood or energy
- ☐ Balance or falls
- ☐ Pain
- ☐ Memory or thinking
- ☐ Medicines started or stopped
- ☐ Hospital or urgent care visits

## Change log

| Date | What happened (as seen or heard) | Where, and what was going on | Effect on daily life | Noticed by |
|------|----------------------------------|------------------------------|----------------------|------------|
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |
|      |                                  |                              |                      |            |

Write what happened, not what you think it means. Notes from family are helpful context, not a diagnosis, and are shared with the person’s permission.

The change I most want to raise

# Questions to bring

Tick the questions that fit, write your top three below, and ask them early in the visit.

## Checkup or new concern

- ☐ What might be causing this?
- ☐ Which tests do you suggest, and why?
- ☐ How and when will I get the results?
- ☐ What can I do at home for now?

## Follow-up or medicines

- ☐ Is the current plan working?
- ☐ Could any of my medicines or supplements be contributing?
- ☐ What is a new medicine for, and what side effects matter?
- ☐ Is there a lower-cost option?

## Memory or thinking

- ☐ What could be contributing to these changes?
- ☐ What will the tests tell us?
- ☐ What are the options, with their benefits and risks?
- ☐ When should we follow up?

## My top three questions

### 1. Question

#### Answer and notes

### 2. Question

#### Answer and notes

### 3. Question

#### Answer and notes

## Before you leave, ask

- ☐ Could you write down the plan, or give me an after-visit summary?
- ☐ Who do I contact with questions, and how?
- ☐ What should make me call sooner, or seek urgent help?

# After the visit

Write down what you heard while it’s fresh, agree who does what, and share only what the person is happy to share.

## Visit notes

Main points from the clinician

Tests, referrals or results to expect

Medicine changes, as the clinic wrote them

## Next steps

| Next step | Who | By when | Follow-up or done |
|-----------|-----|---------|-------------------|
|           |     |         |                   |
|           |     |         |                   |
|           |     |         |                   |
|           |     |         |                   |
|           |     |         |                   |

## Family summary

Only with the person’s permission, and only what they agree to share.

OK to share with

Results or questions contact

What we want to share

When the clinic said to call, or to seek urgent help

# Memory and thinking visit

An optional page for visits about memory, thinking or behavior. It helps you describe what is happening; only a clinician can assess it.

## Timeline of changes

Helpful details include repeating a question in the same conversation, getting lost on a familiar route, missed bills or medicines, trouble finding words, or changes in mood, sleep or interest in usual activities.

| About when | What changed | A specific example | Effect on daily life |
|------------|--------------|--------------------|----------------------|
|            |              |                    |                      |
|            |              |                    |                      |
|            |              |                    |                      |
|            |              |                    |                      |
|            |              |                    |                      |
|            |              |                    |                      |
|            |              |                    |                      |

## In my own words

What matters most to me day to day

What I would like from this visit

## Questions for the clinician

- ☐ What could explain these changes, including causes that can be treated?
- ☐ Which tests do you recommend, and what will they tell us?
- ☐ How will you share the results, and with whom, if I agree?
- ☐ What could help with daily life now?
- ☐ When should we follow up, and what should prompt an earlier call?