# PREPARING FOR DOCTOR VISITS

Has this ever happened to you? You went to the doctor's for an appointment, but once you got in to see the doc your symptoms magically lessened or disappeared and your brain doesn't seem to recall any of the things that you wanted to say? Or perhaps you got so overwhelmed with emotion once the doctor walked in that you didn't know what to say except that you're tired of being unwell? You're not alone. The second scenario is especially common for people who suffer from chronic pain. Any time you go to a doctor, even for preventive visits, it is good to arrived prepared. The following worksheet is designed to help you do just that and it is meant to be a hard copy to take with you. If there isn't enough space, make a folder or staple a few pieces of notebook paper and things you've printed to it. If you're seeing a new doctor, it may be a good idea to take along a copy of your medical history sheet to make all those forms easier to fill out. The questions on this worksheet are samples of what you may be asked--add whatever else you need. One question in particular touches on mental and emotional health. Your mental and emotional well-being affect both how you heal and experience pain. If you're poor in either of those areas, it could actually make your symptoms worse. If you suffer from chronic or prolonged pain, you may want to look into the 'cycle of pain' to help gauge if your mental health might be adding to your physical condition. Keep track of your symptoms from onset until the time of your visit, making sure to check in often with every part of your being and letting your doctor know everything that you think is relevant to your quest for better health.

### SAMPLE KEY:

- pprox Approximately
- OTC Over-the-counter
- **PT** Physical Therapy
- **Tx** Treatment
- Hx History
- / Per ex. 2/day = twice per day

#### KEY:

### DOCTOR VISIT PREPARATION WORKSHEET

Reason for visit:	Groin	Pain				
Date / Time of visit:			Date of onset o	of symptoms:	≈ Jar	vary 1st
			tivity,	musc	les in	groin feel . Sometimes
tight +	become	painful if	activi	ty con	tinves	. Sometimes
<u>pain car</u>	1 last	into ne	xt day	•		
Average level of pain: Mild Discomfort O	1 2		5 6	7	89	10 Worst Pain Ever Felt
Does anything make t		est and			5 5	
Narsa? malm	need m	vermont +	cortain	things	like	sushing for wa
Are your symptoms d	ifferent at different	times of Day?		1.0	(050)	• -
Medications / Actions	taken so far? Resu	lts? Over -	the-co	mer	(010)	meds,
heat,	<u>ice, st</u>	retchin	g, eps	om b	aths	
			-			
		ental and emotional he				
						en I cannot
walk to	<u>r or h</u>	ave to	stop w	orkir	ig.	• •
Research / Helpful R	esources:	don 4	have o	ent t	<u>su Igin</u>	$g_1 bu + c$
						ptom of
	inal h	ernia.I	t also	said	that	these
an ing	<u>ATTICULE THE</u>					
<u>An ing</u> Can be			diagno	ose i	n wor	
can be	e hard	ler to				<u>nen, but</u> symptom.

# DOCTOR VISIT PREPARATION WORKSHEET

Reason for visit:													
Date / Time of visit:	Date	Date of onset of symptoms:											
Symptoms:													
Average level of pain: Mild Discomfort 0 1 2 3	h	5	G	7	8	q	ſП	Worst Pain Ever Felt					
Does anything make things better?													
Worse?													
Are your symptoms different at different times of Da	ıy?												
Medications / Actions taken so far? Results?													
How would you describe your current mental and em	iotional he	alth in co	njunction	with your	symptom	s?							
Research / Helpful Resources:													