

# Make the most of your visit with the doctor or nurse...

A free booklet that helps  
you, your doctor, nurse  
and pharmacist work in  
partnership to achieve  
better health.



## **Making the most of your time with your doctor or nurse**

It can be difficult for you to talk to doctors and nurses about your condition. You may be anxious, or hesitant when talking about your worries and concerns. Sometimes you may come away wishing you had asked more questions.

## **This tool is for you...**

This booklet is designed to help make you think about what you want to say, and the kind of questions you want to ask, while at your appointment.

You may want to ask a family member, a friend or a carer to be with you, to ask questions that you may not think of and help you remember what was said.

Above all it encourages you to write these thoughts down so that it will be easier for you to say them when you meet your health care provider. We hope it will help you take more control of your health.

Take this booklet on your travels and holidays so if you fall ill away from home or abroad all your information is available to the local doctor.

## Before the appointment...

Before your medical appointment, take some time to read through this brochure. There are spaces for you to record your concerns and the questions you want to ask. It may also help you to discuss the leaflet with a family member, friend or carer.

Although busy, the doctor or nurse want you to ask the questions that matter to you, about your condition. Thinking about these questions beforehand and the answers you get, will help you and the doctor or nurse to work together to provide the correct treatment that will help you feel better.

## What should I do?

- Think carefully what you have felt or noticed happening to your body that worries you. Make a list and write down the questions you want to ask.
- List all the medicines you have been taking, when you take them, how many, and any side-effects you do not like.
- Note any other factors e.g. smoking habits and mood changes that could affect your health.
- Also list any health problems that your family members may have.
- Think also about other things affecting you/your life that are worrying you.

**Remember to cancel an appointment immediately you discover you no longer need it, to enable somebody else to get the slot!**

### 3 My Health Providers

My NHS Number

#### Doctor

Practice:

Phone:

#### Dentist

Practice:

Phone:

#### Health Visitor/Nurse

Name:

Phone:

#### Specialist

Name:

Phone:

#### Support Group

Name (Example, Cancer Support Group):

Phone:

#### Support Group

Name (Example, Cancer Support Group):

Phone:

My Carer Is:

My Diagnosed Conditions	My Medications

Other Medications

**Questions I may want to ask**

- ☐ What condition do I have?
- ☐ How will it affect me?
- ☐ Will it affect those close to me?
- ☐ How can I manage my condition?
- ☐ Are there alternatives to medication?

**I will also let my pharmacist, doctor or nurse know if...**

- ☐ I am having problems with my medication.
- ☐ I have stopped taking medication.
- ☐ I am having problems using or getting repeat prescriptions.
- ☐ I have used medication bought from the pharmacy
- ☐ I have received treatment from other specialists
- ☐ I have been taken to A&E or admitted to hospital.

**I may also want to mention**

## List your difficulties here

Before your visit, say which aspects of your health you have problems with

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Blood Pressure    | <input type="checkbox"/> Eating         | <input type="checkbox"/> Remembering   |
| <input type="checkbox"/> Breathing         | <input type="checkbox"/> Emptying       | <input type="checkbox"/> Things        |
| <input type="checkbox"/> Concentration     | <input type="checkbox"/> Bowels         | <input type="checkbox"/> Sleeping      |
| <input type="checkbox"/> Controlling my    | <input type="checkbox"/> Getting Around | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Moods             | <input type="checkbox"/> Hearing        | <input type="checkbox"/> Vision        |
| <input type="checkbox"/> Drinking (Fluids) | <input type="checkbox"/> Passing Urine  |  |

### I may also want to mention

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Abuse          | <input type="checkbox"/> Employment    | <input type="checkbox"/> Smoking    |
| <input type="checkbox"/> Alcohol        | <input type="checkbox"/> Finances      | <input type="checkbox"/> Support at |
| <input type="checkbox"/> Bereavement    | <input type="checkbox"/> Housing       | <input type="checkbox"/> Home       |
| <input type="checkbox"/> Carers/Caring  | <input type="checkbox"/> Relationships | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Self-Esteem   |                                     |

### I may also want to mention

## Mention things that make you feel happy about yourself

## 7 Pre-Appointment Notes

Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

### Appointment

Date:

With Who?

What am I worried about?

What do I need the GP/Nurse to do today?

What don't I understand about my condition or previous visit?

### Actions Agreed

What I need to do:

How others can help:

### Progress

What I have done, and not done, as agreed



Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

## Appointment

Date:

With Who?

What am I worried about?

What do I need the GP/Nurse to do today?

What don't I understand about my condition or previous visit?

## Actions Agreed

What I need to do:

How others can help:

## Progress

What I have done, and not done, as agreed

## 9 Pre-Appointment Notes

Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

### Appointment

Date:

With Who?

What am I worried about?

What do I need the GP/Nurse to do today?

What don't I understand about my condition or previous visit?

### Actions Agreed

What I need to do:

How others can help:

### Progress

What I have done, and not done, as agreed

Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

## Appointment

Date:

With Who?

What am I worried about?

What do I need the GP/Nurse to do today?

What don't I understand about my condition or previous visit?

## Actions Agreed

What I need to do:

How others can help:

## Progress

What I have done, and not done, as agreed

11

Pre-Appointment Notes

Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

Appointment	
Date:	With Who?
What am I worried about?	
What do I need the GP/Nurse to do today?	
What don't I understand about my condition or previous visit?	

Actions Agreed
What I need to do:
How others can help:

Progress
What I have done, and not done, as agreed

Before your next appointment, review pages 5-6, which will help you decide what you will discuss.

## Appointment

Date:

With Who?

What am I worried about?

What do I need the GP/Nurse to do today?

What don't I understand about my condition or previous visit?

## Actions Agreed

What I need to do:

How others can help:

## Progress

What I have done, and not done, as agreed

January

February

March

April

May

June

July

August

September

October

November

December

## The following organisations offer information, advice and support.

**Age UK** ☎ 0800 169 2081

The country's largest charity dedicated to helping older people.

**British Heart Foundation** ☎ 0300 330 3322

Supporting people affected by or at risk of cardiovascular disease.

**Carers UK** ☎ 0808 808 7777

Information, advice and support for carers.

**Citizen's Advice Bureau** ☎ 03444 111 444

Free, confidential and impartial advice, whatever your problem.

**Diabetes UK** ☎ 0345 123 2399

Supporting people affected by or at risk of diabetes.

**Do-It**

The country's largest volunteering website.

**Healthwatch** ☎ 03000 683 000

The health and social care consumer champion.

**Macmillan Cancer Support** ☎ 0808 808 00 00

Supporting people affected by or at risk of cancer.

**Mind** ☎ 020 8519 2122

The country's largest mental health charity.

**NCVO** ☎ 020 7520 2414

The 'champions' of the voluntary sector and volunteering.

**Prince's Trust** ☎ 0800 842 842

Helping 9 to 30 year-olds who are unemployed or struggling at school.

**Victim Support** ☎ 08 08 16 89 111

Support and information for anyone affected by crime.

# Make the most of your visit with the doctor or nurse...



Weatherill House Business Centre,  
23 Whitestone Way, Croydon CR0 4WF

**Tel:** 07870 508 790

**Email:** [swk@wellbeingyou.org](mailto:swk@wellbeingyou.org)

