Visit Kit Refill: visits 19 to 24

> For readers of *The Doctor Visit Companion (Large Print)*. Print these pages and keep them in a folder with your book.

This file holds **6 visit kits** (four pages each: the two weeks before, before, in the room, after) and **2 fresh medicine lists**.

Page numbers such as “book page 34” point to pages in your printed book. Print at 100% or “fit to page”, single-sided or double-sided. For your own and your family's use; please don't resell.

Not for emergencies. Chest pain, stroke signs or trouble breathing: call 911.

More books and free tools: yourbodydecoded.org

MY MEDICINES

Prescription medicines

> Copy each name from the bottle or box. Started a new one? Add it the same day.

List updated on _____

Medicine	What it's for	How I take it	Doctor	Since

MY MEDICINES

Drugstore, vitamins and herbs

> Everything you take without a prescription: pain and sleep pills, antacids, vitamins, herbal products.

Product	Why I take it	How often	Doctor knows

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How I've been

> From about two weeks before: one row each evening. Sleep: good, ok or poor. Missed a day? Leave it blank.

My main symptom to rate, 0 to 10 _____

Date	0–10	Sleep	Fall?	Medicine missed or new	Note

Before the visit

Date, time _____ **Doctor** _____

Why I'm going _____

MY THREE THINGS, BIGGEST FIRST (book page 34)

1 _____

_____

2 _____

_____

3 _____

_____

SINCE MY LAST VISIT

- ☐ A new symptom
- ☐ ER or hospital
- ☐ Stopped a medicine
- ☐ A test somewhere else
- ☐ A fall or near-fall
- ☐ A new medicine or vitamin
- ☐ A side effect
- ☐ Nothing new

BRING

- ☐ This book
- ☐ Glasses, hearing aids
- ☐ All my bottles, or my list
- ☐ My helper, or their number

In the room

> Write while you're there, or ask your helper to. Short words are fine.

What the doctor thinks is going on

WHAT WE'LL DO

- ☐ Start a new medicine
- ☐ Stop a medicine
- ☐ Change how I take one
- ☐ A test
- ☐ See a specialist
- ☐ Nothing for now

The details

GOOD QUESTIONS TO ASK

“What do you think is going on?” · “What should I do, and for how long?” · “What should make me call you?”

- ☐ I said the plan back in my own words (book page 52)

Next visit _____ **Call sooner if** _____

After the visit

A NEW OR CHANGED MEDICINE

Name _____ **For** _____

How to take it _____

Watch for _____

☐ Pharmacist checked it ☐ Medicine list updated

TESTS

Test	Result due	Not heard by, I call	Result

SUMMARY TO SHARE Photo for my helper

The main news _____

What changes _____

Next step _____

☐ Sent to my helper

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