More about my Chronic Illnesses and Disabilities.

Name of illness, disability, or difficulty
My main symptoms / how I am affected
How I manage these challenges
How you can help me
77.722-73.2012 2012 2012 2012 2012 2012 2012 2012
What I'd like you to know about my condition
Medical professional / team who usually help with this
Name: Contact:
This person can explain more if I am unable to
Name & Relationship:
Telephone Number:

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What to Ask at Appointments

Remember to take a list of all your current medication and supplements, if appropriate.

What do I want to achieve at this appointment?
The things I most need help with today include
Pain Management Medication Mobility Fatigue
Nutrition Mental Health Care Needs Sleep
A New Symptom An Acute Change Reassurance
Advice on the Next Step Clarity About My Situation
Referral to Another Specialist for Tests, Advice, or Surgery
Other:
Example questions. Tick all you want to ask.
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Appointment/Reason for notes:

Appointment Notes

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Appointment Notes

Notes for/from my appointment
Contact info from my appointment / things to bring or ask next time

Appointments

Keep a handy note or ask your healthcare team to write your appointments here.

		name:
		Name:
Date:	. Time:	Name:
		Name:
		Name:

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Appointments

Date:	Time:	Name:
Place:	Department	/Reason:
		Name:
Place:	Department	/Reason:
Date:	Time:	Name:
Place:	Department	/Reason:
Date:	Time:	Name:
Place:	Department	/Reason:
		Name:
Place:	Department	/Reason:
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