APPOINTMENT CHECKLIST

DATE:

1 TODAY'S MAIN GOAL

WHAT YOU MOST NEED HELP WITH

- ☐ WORSE/ NEW SYMPTOMS
- ☐ PAIN/ DISCOMFORT
- ☐ FATIGUE/ ENERGY
- ☐ SLEEP/ INSOMNIA
- ☐ BRAIN FOG/ FOCUS
- ☐ GI/ BOWEL UPSET
- ☐ BREATHING/ COUGH
- ☐ DIZZY/ COORDINATION
- ☐ HEART/ CHEST PAIN
- ☐ SHAKY/ FAINT
- ☐ MEDICATIONS
- ☐ TESTS/ RESULTS
- ☐ REFERRAL
- ☐ WORK/ STUDY
- ☐ FORMS/ LETTERS
- ☐ OTHER:

TOP THINGS FOR TODAY:

2 SINCE LAST TIME

HOW HAVE YOU BEEN?

☐ BETTER ☐ SAME ☐ MIX ☐ WORSE

3 WHAT'S NEW?

WHAT YOU THINK THE CAUSE IS

REMEMBER TO NOTE ANY FAMILY HISTORY

- ☐ CHANGE IN CONDITION
- ☐ INJURY
- ☐ INFECTION
- ☐ MEDICATION
- ☐ STRESS
- ☐ ACTIVITY/ EXERTION
- ☐ DIET

4 DAILY LIFE IMPACT

WHAT IS CURRENTLY AFFECTED BY YOUR SYMPTOMS

☐ COOKING ☐ EATING ☐ HYGIENE ☐ WORK ☐ DRIVING ☐ SOCIAL ☐ ACTIVITY ☐ SLEEP

CURRENT ACTIVITY LEVEL

☐ BEDBOUND ☐ HOUSEBOUND ☐ SOMETIMES ☐ PART-TIME ☐ FULL-TIME ☐ VARIES

5 MEDICATIONS/SUPPLEMENTS

ANYTHING YOU'RE TAKING FOR THESE SYMPTOMS

NAME & DOSE	REASON	NOTES
NAME & DOSE	REASON	NOTES
NAME & DOSE	REASON	NOTES
NAME & DOSE	REASON	NOTES

SCAN QR CODE:

OR VISIT: WWW.BEDHEADPACING.COM

8 NOTES TO REMEMBER

6 YOUR DETAILS

HEALTHCARE SUPPORTS

- ☐ MEDICAL CARD
- ☐ GP VISIT CARD
- ☐ DRUGS PAYMENT SCHEME
- ☐ CARER/ HELPER AT HOME

INSURANCE PROVIDER:

POLICY NUMBER:

7 WHAT'S NEXT?

PLAN FROM TODAY

TEST/SCAN TYPE & DATE

ARE YOU COVERED FOR IT?

YES: ☐ NO: ☐ SOME: ☐

MEDICATION CHANGES

NEXT APPOINTMENT DATE:

BEDHEAD PACING