

My Doctor's Consultation Questions & Answers



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This booklet aims to provide me with support before, during, and after discussions with healthcare professionals, for example, with my doctor.



I write in pencil, that way I can always keep this booklet up to date.

Checklist for the Consultation

I should always
bring with me:

- E-Card
- Notepad & pen
- This booklet

If necessary,
I should bring the
following with me:

- Glasses
- Hearing aid
- Person of trust
- Any recent findings
- Additional documents
e.g. vaccination card,
allergy card,
coagulation card



My Person of Trust

I have the right to be accompanied by a person of trust!

What is the benefit of having a person of trust?

- + Four ears hear more than two.
- + The presence of my person of trust serves as an emotional support for me.
- + He or she can ask questions and take notes during the conversation.
- + I can discuss what I have heard again afterwards and add to my notes.
- + He or she also helps me fill out paperwork / prepare for the interview.



This is what I take into account when choosing my person of trust:

- + He or she should be a good listener.
- + He or she should be able to keep a clear head - even in emotionally difficult situations.
- + He or she should be able to support me the way I need to be supported, and as I discussed with him or her beforehand.

My Medication

I provide information about the medications I currently take regularly or as needed.

These include:

- + Pills
- + Capsules
- + Dragées
- + Syrups
- + Drops
- + Sprays
- + Ointments
- + Patches
- + Injections
- + Infusions
- + Suppositories



These are the options to do so:

- + I make a list of my medications (templates from page 10).
- + I take pictures of my medication with my mobile phone.
- + I take the packaging of my medicines with me.

This is what I pay attention to:

- + I also provide information about over-the-counter medicines, herbal remedies and food supplements.
- + I also note down the **strength** (including the milligrams, e.g. 100 mg or millilitre information, e.g. 5 ml). I also note the **dosage (amount)** I take throughout the day (e.g. ½ in the morning, 0 at noon, 1 in the evening, and 0 at night).

My Medication List

How do I fill out the template?

Page 11 shows two examples. Starting on page 12, I write down my own medication in pencil.

If something is unclear to me, I ask:

- + What should I take this medicine for?
- + Do I still need this medicine?
- + Are my medicine combinations safe or should I exclude something?



Tip!

I write down questions about my medication starting on page 36!

Name, strength [mg/ml] & method of administration	Medication A, 100mg, Pills			
Dosage (amount)	morning	afternoon	evening	night
	1/2	0	1	0
Reason for taking	High blood pressure			
Notes	I write my notes here			

Name, strength [mg/ml] & method of administration	Medication B, 50 ml, Drops			
Dosage (amount)	morning	afternoon	evening	night
	10	0	0	0
Reason for taking	Acute pain			
Notes	Only used as needed, max. 20 drops per day			

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

Name, strength [mg/ml] & method of administration				
Dosage (amount)	morning	afternoon	evening	night
Reason for taking				
Notes				

I Have These Allergies

Pollen allergy: _____

Animal allergy: _____

Medication: _____

Other: _____

Please check:

I have <u>no</u> allergies	<input type="checkbox"/>
-----------------------------------	--------------------------

I have an allergy card	<input type="checkbox"/>
-------------------------------	--------------------------

I Have These Intolerances

- Fructose
- Lactose
- Gluten
- Histamine

Other: _____



Please check:

I have <u>no</u> intolerances	
--------------------------------------	--

I Describe my Pain!

If I have pain, I describe it on the following pages:

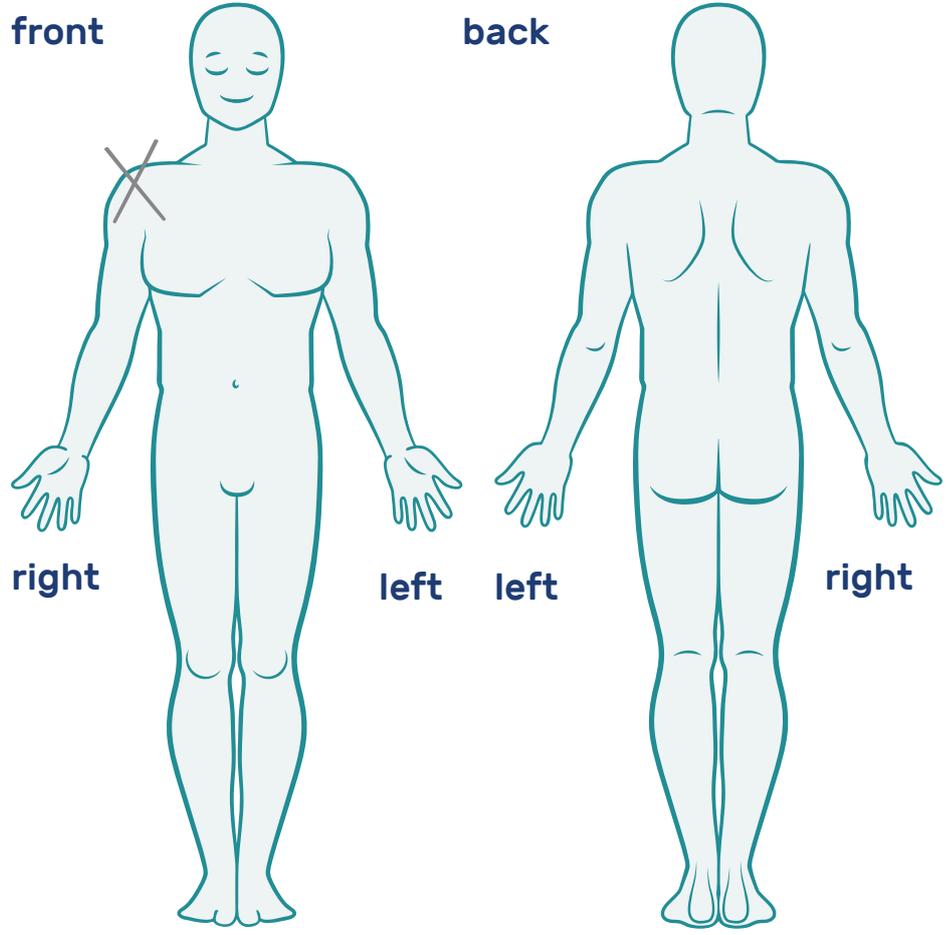
I have 4 pages for each pain. I can note 3 different pains - one after the other!

The example on page 21 shows how I indicate the strength and the location of the pain.

On the scale from 1 to 10 I mark with an X, **how strong I feel the pain** (1 = very little pain, 10 = strongest pain imaginable); On the body I mark with an X, **where the pain occurs.**

Example

1
2
3
4
5
6
7
8
9
10

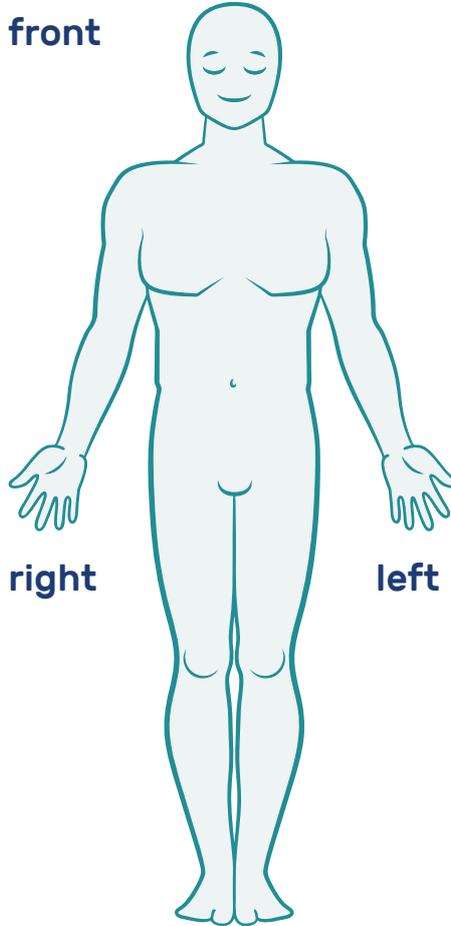


Pain 1

I only note
one pain here

1
2
3
4
5
6
7
8
9
10

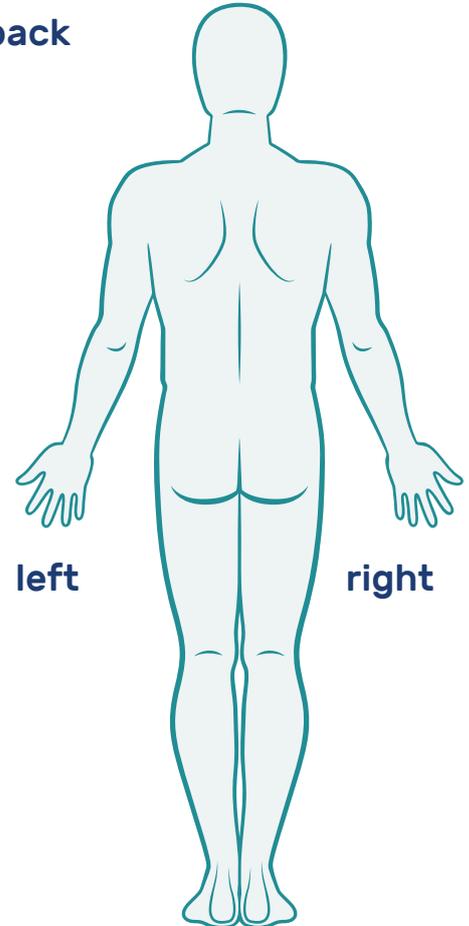
front



right

left

back



left

right

Pain 1 is:
(multiple answers possible)

- piercing
- pressing
- pulling
- pulsating
- dull
- burning
- cramping
- drilling

Further comments:

I have pain 1:
(multiple answers possible)

- after waking up
- in the early morning
- in the late morning
- around lunch time
- in the early afternoon
- in the late afternoon
- in the evening
- constantly
- variable (cannot be assigned to a specific time)

Further comments:

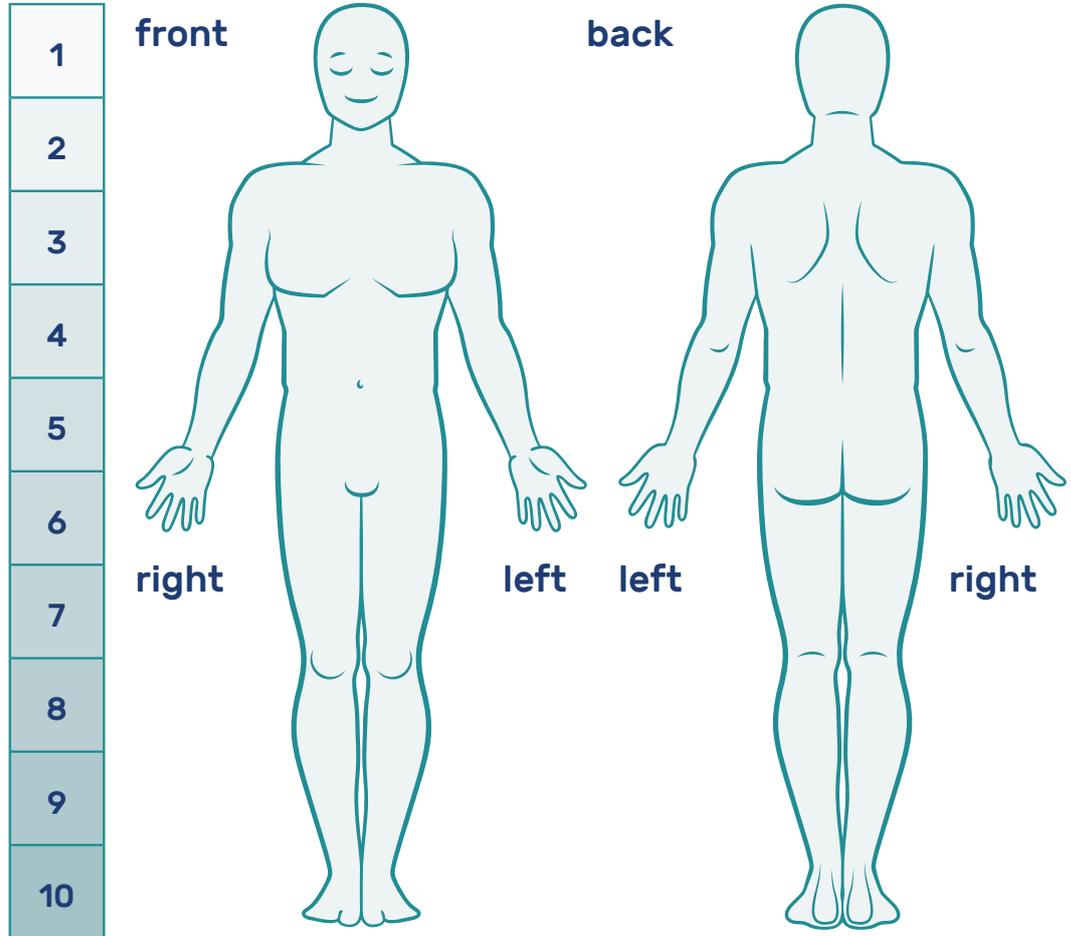
Pain 1 is triggered by:

This has helped to relieve pain 1:

This did not help to relieve pain 1:

Pain 2

I only note
one pain here



Pain 2 is:
(multiple answers possible)

- piercing
- pressing
- pulling
- pulsating
- dull
- burning
- cramping
- drilling

Further comments:

I have pain 2:
(multiple answers possible)

- after waking up
- in the early morning
- in the late morning
- around lunch time
- in the early afternoon
- in the late afternoon
- in the evening
- constantly
- variable (cannot be assigned to a specific time)

Further comments:

Pain 2 is triggered by:

This has helped to relieve pain 2:

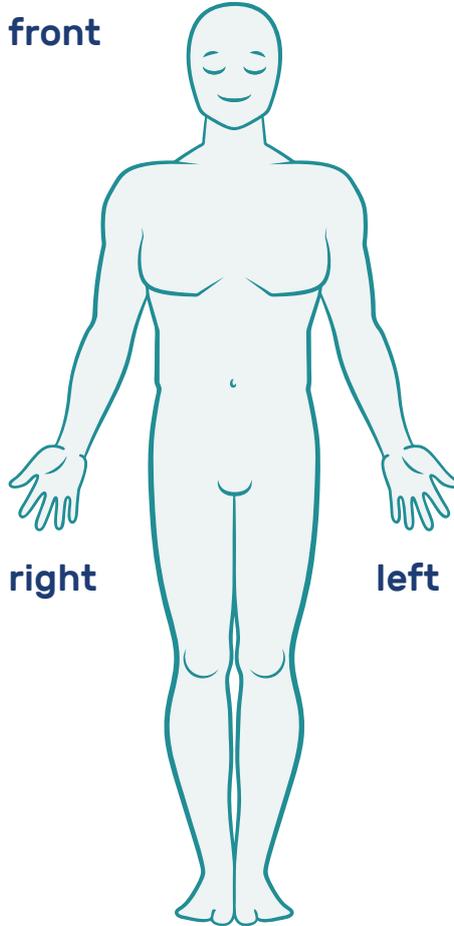
This did not help to relieve pain 2:

Pain 3

I only note
one pain here

1
2
3
4
5
6
7
8
9
10

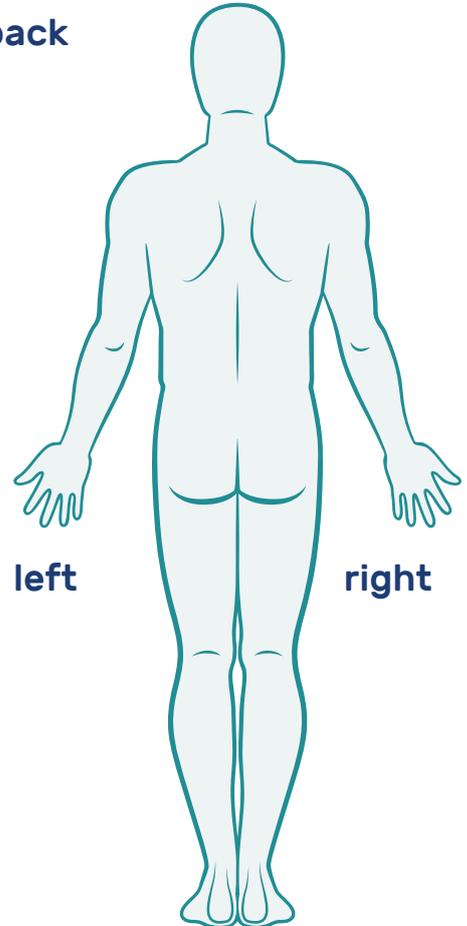
front



right

left

back



left

right

Pain 3 is:
(multiple answers possible)

- piercing
- pressing
- pulling
- pulsating
- dull
- burning
- cramping
- drilling

Further comments:

I have pain 3:
(multiple answers possible)

- after waking up
- in the early morning
- in the late morning
- around lunch time
- in the early afternoon
- in the late afternoon
- in the evening
- constantly
- variable (cannot be assigned to a specific time)

Further comments:

Pain 3 is triggered by:

This has helped to relieve pain 3:

This did not help to relieve pain 3:

My Questions

The next pages are for my questions!

These are some possible questions that I could ask:

- + What do I have?
- + What are possible causes of the illness?
- + What (other) possibilities of examination / treatment do I have?
- + What are the benefits and risks (interactions and side effects) of the different options?



Tip!

During the consultation, I may be nervous/ flustered. Then, my notes may be useful.



These are some possible questions that I could ask:

- + Can the treatment have a negative effect on my daily life?
- + When can I expect an improvement?
- + How long should I take the medicine?
- + What can I do myself?
- + What happens if I do nothing?
- + Where can I get further help (e.g. home care)?

My questions (Examples on pages 34 / 35)

Question 1: _____

Question 2: _____

Question 3: _____

Question 4: _____

Question 5: _____

Question 6: _____

Question 7: _____

Question 8: _____

My questions (Examples on pages 34 / 35)

Question 9: _____

Question 10: _____

Question 11: _____

Question 12: _____

Question 13: _____

Question 14: _____

Question 15: _____

Question 16: _____

My questions (Examples on pages 34 / 35)

Question 17: _____

Question 18: _____

Question 19: _____

Question 20: _____

Question 21: _____

Question 22: _____

Question 23: _____

Question 24: _____

I suspect that my symptoms are being caused by the following:

Notes

During the consultation my person of trust and I take notes!

Why should I take notes?

It is hardly possible to remember all information! Later on, I will need this information for a well-informed decision that suits me.

What content should I take notes on?

I should ask everything I have noted on pages 36 to 39 and I should write down the answers.

What can I do as an alternative?

If I can't take notes, I could ask my counterpart for permission to record the conversation on a smartphone. Then I can listen to it at home and write down what is important.

My notes:

My notes:

My person of trust heard the following:

I Summarise in my Own Words

Why should I summarise in my own words?

So that I can ensure that I have understood everything correctly and avoid potential misunderstandings.

For example, like this:

- + “So, you mean that..”
- + “Did I understand you correctly that..”
- + “Now, if I understand you correctly, you’re recommending that..”
- + “So, what you’re telling me is I should..”

Imprint

My Doctor's Consultation Questions & Answers

1st edition, November 2020

Development: Institut für Gesundheitsförderung
und Prävention GmbH

Funding body:

Gesundheitsfonds Steiermark

Download at:

www.gesund-informiert.at/arztgesprach

Available for order free of charge at:

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Layout and design:

www.gretagrabner.at

