MAKING MY OFFICE VISIT COUNT



Make the most of your visits with your doctor. Ask the right questions and get answers!

Have you ever gone to your primary care provider (PCP) or other doctor with several questions in mind only to forget most of them by the time you get there? Has your doctor ever given you instructions that you immediately forgot after the appointment? It happens to the best of us! Use the checklist on the back to get prepared for your next appointment.

Don't be afraid to talk openly and honestly with your doctor. If you have questions, ask them. Sharing information with your doctor and asking questions will improve the care you receive. Your doctor is there to help. We know how overwhelming it can be to prepare for a visit with your doctor. Use this checklist to help you keep track of any questions or notes you have before, during and after your visit.



Before Your Visit	1	During Your Visit	17	After Your Visit
Call to confirm your appointment. Make sure you are going to a doctor in the Peach State Health Plan		Bring your list of questions, updated medications and symptoms.		Review your notes and pick up your prescriptions at your pharmacy.
network. Write down your questions so you don't forget them. Remember,		Ask your questions and write down the answers.		If you had blood work or other tests done, call for test results.
all questions are important!		Talk to your doctor about your diagnosis and treatment.		Discuss your appointment with a trusted family member.
Keep track of any symptoms you may have.		Ask if there are any alternatives.		This person may help you stay on track.
Bring a complete list of your medications, including prescriptions, over-the-counter drugs, and supplements.		Write down your doctor's instructions so you don't forget them later!		Schedule a follow-up visit if necessary as well as your next well-visit appointment. Update your calendar.

Office Visit Worksheet

	Complete this section before your appointments						

Doctor's name Date of visit								
	ng, including over-the-counter medications ar	nd suppl	ements.					
If you need more room, make a separate li	ist and bring it with you.							
Medication	Dose (milligrams)	Time of	e of day taken					
Do you have any health concerns you v	vant to talk about?							
Have there been any changes in your family life since your last visit? Move □ Job Change □ Separation □ Death in the family □ Divorce □ Other (describe):								
Move 🗆 Job Change 🗆 Separation 🗀	Death in the family \Box Divorce \Box Other (des	cribe):						
Fill this out during your a	annointment							
Ψ	Appointment .							
Topics to discuss with your doctor:	at his or her office in the fall. Ack if you have		Know your numbers					
Everyone: Ask if you can get your flu shot any conditions that would benefit from as		Knowing the following four						
Smokers: Consider using your visit to talk		numbers can help you take						
Women: Consider asking about family pla		charge of your health.						
breast cancer screening.		What is my blood pressure? Is it in the optimal range? (Goal: <140/90)						
Men: Consider asking about prostate exar								
Prescriptions from your doctor:								
Drug	Dosage		What is my Body Mass Index (BMI)?					
Is there a generic alternative?		Is it in the optimal range? (Goal: < 25)						
Referrals from your doctor:								
Lab		What is my blood sugar? Is it in the optimal range? (Goal for non-diabetic fasting: <100)						
Imaging								
Tip: Confirm that any referrals are to if they are not, ask for a referral to a	ers.							
Notes from your doctor visit:		What is my total cholesterol?						
		Is it in the optimal range?						
My payt appaintment is:		(Goal: total <200)						
My next appointment is:			•					

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Follow up AFTER your visits