

# My Health Care Visit



Understanding today's medical visit and next steps

## Introduction

This is a worksheet to help prepare for your medical visit. This form will also help you understand what happened, and what needs to be done next. You can bring this form to every health care visit, even if you already know the health care provider (e.g. doctor).

Please ask for help to fill out this form if you need it. Remember that it is okay to skip any sections that you are uncomfortable filling out. There are 3 sections on the form:

- 1 Preparing for the health care visit:** Write out the reasons why you are seeing the health care provider. You should fill this out before you go. Please ask for help to fill out the form if you need it.
- 2 During the health care visit:** Fill this section out with the health care provider and anyone else who is supporting you during the visit, to help you remember what was done, and what you have to do after you leave.
- 3 After the health care visit:** This section can be completed when you are back home. It is a chance for you and people who support you to discuss the visit, next steps, and review what you liked, and what might make it better next time.

If you need more space to write, you can use the Notes section at the end of this form.

### For providers and caregivers

This worksheet is for people who would like to enhance communication during their medical visit. This may include adults with intellectual or developmental disabilities, adults with dementia or people with language barriers. The first section is to summarize why the person is seeking care. The second section is intended to be completed by yourself and the person seeking care as a summary of what was discussed, to help the person understand the information, and what follow up steps will occur, if any. The third section is optional for the person to fill out after the visit when they are at home to reflect on what went well, and if they have any ideas for to improve future visits. This may serve as documentation of a health care visit for the person's record, if needed. Instead of filling out this section by hand, you can fill out the electronic version and print it for the patient.

**If you are retaining or sharing a copy of this form, please ensure that you have the person's consent, and that the form is stored securely.**

Download this form and find more resources! [www.burnabypcn.ca/developmental-disabilities](http://www.burnabypcn.ca/developmental-disabilities)

Developed by the Developmental Disabilities Primary Care Program of Surrey Place, Toronto. Adapted to local context by the Shared Care project team at the Burnaby Division of Family Practice (2024), from: My Health Care Visit: Understanding today's visit and Follow-Up. Melhas, M., Hermans, H., Orr, E., Salonia, C., Zaretsky, L., & Lunskey, Y. Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2019, available at: [ddprimarycare.surreyplace.ca](http://ddprimarycare.surreyplace.ca)



Date: \_\_\_\_\_

Please ask for help if you need it. It is okay to skip questions.

You may want to share this form with your health care providers to support your care. If so, please check off the boxes below.

I give permission for this form to be stored by my health care provider.

To support my care, I give permission for this form to be shared:

Between my health care providers OR

With \_\_\_\_\_  
(insert name of specific health care providers)

## 1 Preparing for My Health Care Visit

Fill out before going to visit

### Visit information

My Name		Name of person supporting me	
First	Last	First	Last
Visit Type		This health care visit is	
<input type="checkbox"/> Family Doctor/ Nurse Practitioner	<input type="checkbox"/> Specialist Doctor:	<input type="checkbox"/> In Person	
<input type="checkbox"/> Hospital Visit	_____	<input type="checkbox"/> By Phone	
<input type="checkbox"/> Walk-in Clinic	<input type="checkbox"/> Other:	<input type="checkbox"/> By Video	
	_____		

Things to bring with me	
<input type="checkbox"/> BC ID Card/ Care Card	<input type="checkbox"/> Comfort items (eg., phone and charger, snacks, books, games, etc.)
<input type="checkbox"/> Certificate of Indian Status OR Interim Federal Health Certificate	<input type="checkbox"/> List of current medications, and any relevant records eg. sleep or stool logs

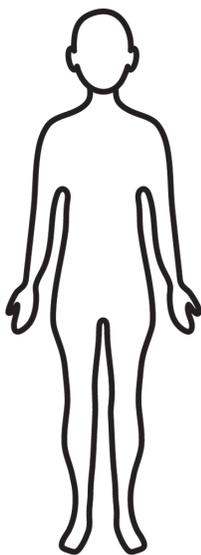
### Why am I going to the visit?

Please list the main reasons you are seeking care. (Continued on Page 3)

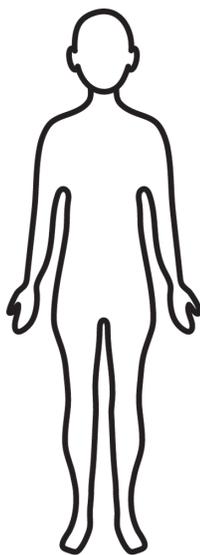
Please ask for help if you need it. It is okay to skip questions.

## Why am I going to the visit? (Continued)

### Circle area related to visit



Front body



Back body

### Examples/things to consider:

- Feeling sick/illness
- Need a check-up
- Need forms filled out
- Pain/something hurts in my body
- Eating/nutrition
- Changes in bathroom routine or stool
- Energy or tired or sleep
- Emotions or feelings
- Stress
- Relationships
- Sexual Health
- Medication changes/concerns
- Financial
- Other (e.g. falls, hearing, vision)

## 2 During My Health Care Visit

Fill out with a health care provider

Provider's Name:		Date:	
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Clinic Name/ Location:	
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### Visit summary

What we talked about and next steps

Tests I need to do before my next visit

Appointments I need to make	
<input type="checkbox"/> Family doctor <input type="checkbox"/> Specialist doctor: _____ <input type="checkbox"/> Other: _____	What needs to be done:
<input type="checkbox"/> If another appointment needed with the same health care provider, next appointment date: _____ <input type="checkbox"/> If referral needed, make sure I know how I will be informed of this	

### Medications

Changes to medications (if any)		
Medication Changed	Why do I need to take this medication?	Description, e.g. How much of the medication do I need to take and for how long? How often do I need to take it? Do I need to take it with food?
1.		
2.		
3.		

3

# After My Health Care Visit

Fill out after the visit

Please ask for help if you need it. It is okay to skip questions.

## Comments about the visit:

e.g. How did the visit go? What do I need to do now? What could we do differently next time?

What I want to share with the health care provider at the next visit (e.g. have you noticed any improvements? Any changes in your health issue?)

I have filled out My Health Care Visit tracker recording this visit.

## Notes:

Notes section with horizontal lines for writing.

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