Getting ready form

DATE OF MY APPOINTMENT: .....

IMPORTANT
Keep this form handy for easy reference AND your **current** medication list, including prescription and over-the-counter products.

1 - THE PHYSICAL OR MENTAL HEALTH PROBLEM FOR WHICH I AM VISITING THE CLINIC:

.....

I have had this problem for:

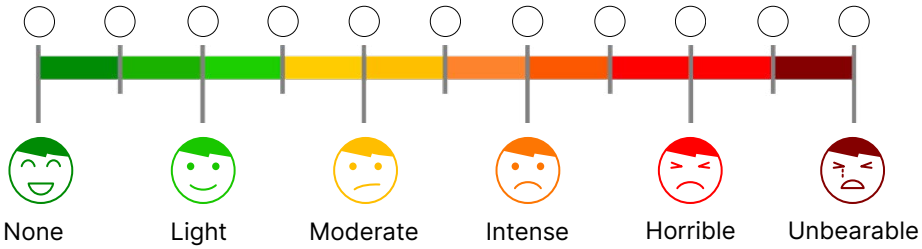
- ◯ About 1 day
- ◯ About 1 week
- ◯ About 1 month
- ◯ More than 1 month

2 - I WOULD DESCRIBE MY PAIN AS: (choose all that apply)

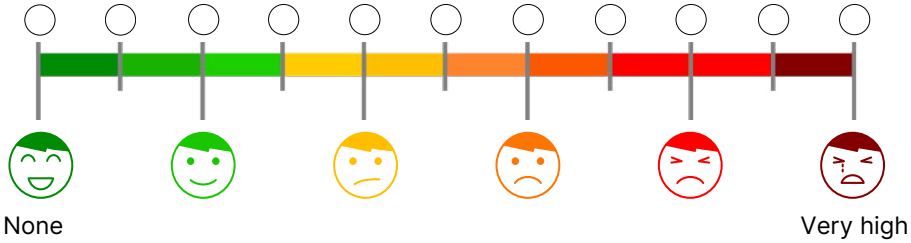
- ◯ No pain
- ◯ Cramping
- ◯ Burning 
- ◯ An electric shock 
- ◯ Stinging 
- ◯ Pulling 
- ◯ Itching 
- ◯ Stabbing 
- ◯ Tearing 
- ◯ Shooting pain 
- ◯ Like a cut 
- ◯ Other: .....

Adapted from Atout-Lire

3 - MY LEVEL OF DISCOMFORT IS: (choose the answer that applies)



4 - MY LEVEL OF WORRY OR CONCERN IS: (choose the answer that applies)



And/or I am also experiencing these emotions: (Examples: sadness, anger, fear, etc.)

.....

DATE OF MY APPOINTMENT: .....

5 - I AM NOT ABLE, OR HAVE DIFFICULTY WITH: (choose all that apply)

- ◯ Sleeping
- ◯ Eating
- ◯ Drinking
- ◯ Breathing
- ◯ Walking
- ◯ Other: .....
- ◯ Working
- ◯ Doing sports

6 - THIS IS WHAT I HAVE TRIED TO GET RELIEF:

A) .....

How well did this work?

◯ Well ◯ A little ◯ Not at all

B) .....

How well did this work?

◯ Well ◯ A little ◯ Not at all

C) .....

How well did this work?

◯ Well ◯ A little ◯ Not at all

7 - IF I HAD THIS PROBLEM BEFORE:

I have seen a health professional in the past: ◯ Yes ◯ No

Where?
- ◯ The clinic where I have an appointment
- ◯ A hospital emergency room
- ◯ Another clinic
- ◯ Other: .....

When? (Example: 2 weeks ago) .....

8 - MY PROBLEM BEGAN UNDER THE FOLLOWING CIRCUMSTANCES OR AT THE FOLLOWING TIME: (Examples: after a fall, after a road accident, when I was under high stress, when a loved one died, etc.)

.....

DATE OF MY APPOINTMENT: .....

9 - I THINK MY PROBLEM IS DUE TO, OR CAUSED BY:
(Examples: a pulled muscle, infection, diabetes, cancer recurrence, etc.)

.....

---

10 - A QUESTION I DON'T WANT TO FORGET TO ASK:

.....

---

11 - IF THERE IS TIME, I WOULD LIKE TO TALK ABOUT THE FOLLOWING PROBLEM(S):

A) .....

I have had this problem for:

◯ About 1 day ◯ About 1 week
◯ About 1 month ◯ More than 1 month

B) .....

I have had this problem for:

◯ About 1 day ◯ About 1 week
◯ About 1 month ◯ More than 1 month

MEDICATION RENEWAL

12 - I WANT TO RENEW ONE OR MORE MEDICATIONS.

◯ Yes ◯ No

There have been changes in the health problem for which I am taking one or more medications:

◯ Yes ◯ No

If yes, please explain: .....