

Working with Your Healthcare Provider Worksheet

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Preparing for your office visit

During treatment for your pain condition, you may have a number of symptoms that you and your healthcare provider are managing over time. Keeping track of how you are feeling may help you organize and prioritize your concerns.

Sometimes it may be difficult to remember how you have been feeling over time, particularly if a few weeks have passed between office visits. Using this work sheet may give you and your healthcare provider a good start to your discussion. Then during your follow-up visits, you will remember to talk about what matters most to you. This work sheet may help you prioritize your symptoms and concerns so you can get the most from your office visits. It may be most helpful if you:

- **Print copies of this work sheet to have on hand.** Filling one out before each office visit may help you see how you are feeling over time
- **Check off the boxes for the symptoms that matter most to you.** Then write down any questions and concerns you have about them for your healthcare provider. Focus on 2 or 3 key concerns at each visit. That way, you can discuss a manageable amount of information each time
- **Take the work sheet to your next office visit.** The questions and concerns you have listed may provide a good starting point for your discussion with your healthcare provider. You can note the date and time of your next visit on the bottom of the work sheet

Working with Your Healthcare Provider	
Date of visit: August 8	Time: 11:00 AM
Symptom/problem area	Questions/concerns for my healthcare provider
Pain: <i>After working at the computer, I feel stiff and tired.</i>	<i>I want to be able to work at the computer for a longer time without getting so stiff and tired. What can I do to help with this?</i>
Sleep: <i>I wake up frequently and have trouble falling back to sleep.</i>	<i>Even though I'm exhausted, I keep waking up at night. What can I do to sleep better?</i>
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See page 2 to track your symptoms and write down questions/concerns you may have for your healthcare provider.

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Date of visit: _____ Time: _____	
Symptom/problem area	Questions/concerns for my healthcare provider
D Pain: _____ _____ _____	_____ _____ _____
D Fatigue: _____ _____ _____	_____ _____ _____
D Sleep problems: _____ _____ _____	_____ _____ _____
D Ability to handle daily activities: _____ _____ _____	_____ _____ _____
D Mood: _____ _____ _____	_____ _____ _____
D Problems with memory/concentration: _____ _____ _____	_____ _____ _____
D Other symptoms/problems: _____ _____	_____ _____
Date of next visit: _____ Time: _____	