

My Health Care Visit

Understanding Today's Visit and Follow-up

Introduction

FOR PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY

This is a worksheet to help prepare for your medical appointment, and to help understand and remember what happened. Bring this to every health care visit, even if you already know the doctor. There are three parts of this form:

- ▶ **About My Health Care Visit:** Print out this form and write out why you are seeing the doctor. You should fill this out before you go.
- ▶ **During My Health Care Visit:** This section is for you, the doctor and anyone else who is helping you during the visit, to help remember what was done, and what you need to do after you leave.
- ▶ **After My Health Care Visit:** This section can be finished when you are back home. It is a chance for you and people who support you to discuss the visit, and review what you liked, and what might make it better next time.

FOR PROVIDERS AND FAMILY MEMBERS/SUPPORT PERSONS

My Health Care Visit is a tool for people with intellectual and developmental disabilities to complete with health care providers to help understand and remember today's health care visit. The first section is to summarize why the person is coming in today; the second section is intended to give a summary of what was discussed, to help the person understand the information, and what follow-up steps are needed, if any. The third section is optional and is intended as a 'debrief' back home, after the appointment to reflect on what went well, and for any ideas to improve future appointments. This could ideally serve as documentation of a health care visit for the person's record, if needed.

Supporting materials

Going to the Doctor?

Health Care Access Research and Developmental Disabilities (H-CARDD), Centre for Addiction and Mental Health, Toronto [video] www.youtube.com/watch?v=6HZ6DOnXtB0&t=59s

Preparing for My Health Care Visit

► **FILL OUT before going to the visit by
me and person supporting me**

1. Appointment information

My Name	(First Last)	Name of person supporting me	(First Last)
Appointment type	Things to bring with me		
Primary Care Doctor	Insurance card		
Hospital Visit	Photo identification		
Walk-in Clinic	Comfort items (eg., snacks, books, games, etc.)		
Emergency Room Visit	Any medications I need to bring with me		
Other (e.g., dentist, eye doctor, specialist, X-ray, etc.):			

2. What is the main reason for my visit today?

<p><i>Note: Let the doctor know if you've already had an appointment for this reason</i></p>	<p>Examples: Feeling sick, I got hurt, I need a checkup, something hurts in my body, illness, injury, need more medicine, medicine changes or concerns, stress with family or friends, need forms filled out, etc.</p>
<p>Routine visit</p> <p>Problem visit</p>	

Current medicine (including supplements) You can also attach a printout from the pharmacy.

3. Have any of these been bothering me in the last week (or longer)?

Health Concern:	What is the issue?	Is tracking sheet(s) attached?
Pain		
Eating		
Bathroom or toileting		
Energy or tired or sleep		
Emotions or feelings		n/a
Relationships		n/a
Sex health		n/a
Other (e.g., falls, hearing, vision)		n/a
Medicine		

During My Health Care Visit

► FILL OUT with a Health Care Provider

1. Appointment summary

*If the health care provider does not fill out this section, a copy of their note from the appointment or a letter summarizing the required information can be attached.

What did we talk about and do?
Next steps: (Things like: tests or exams I need to do, like an X-ray or blood work, appointments to see a different doctor or health professional, need to come back to see the doctor I saw today, things I or the people supporting me can do to be healthier at home)

2. Medicines

Were there changes to my medicines?		Yes	No
New medicine (if any)			
Medicine Name	Why do I need to take this medicine?		

3. Things to remember to do before I leave

Don't forget to:			
Make sure this page is done.			
Schedule any upcoming appointments with the front desk		Appointment date: _____	
If there is a referral, make sure I know whether I need to call to follow up		Referral: _____	
Doctor's Name:	Signature:	Date:	

After My Health Care Visit

► FILL OUT after the visit with the person supporting me

1. Comments about the visit

Things like: How did the visit go? What do I need to do now? What could we do differently next time?
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