

The Patient's Toolkit for Diagnosis

Developed by: Society to Improve Diagnosis in Medicine (SIDM) Patient Engagement Committee

The Patient's Toolkit for Diagnosis is created for people who are not feeling well or visiting their doctor or nurse with a health concern. As patients, we have found that taking an active role in our care can help our doctors and nurses figure out a good "working" diagnosis. Not all diagnoses are correct, which is why we say "working" diagnosis. A diagnosis may be certain or uncertain. Making a diagnosis can be easy or difficult.

The Toolkit has a set of prompts and questions to help you participate and partner with your medical care team – doctors, nurses, and other health care professionals and support staff. Fill out the first three pages of this Toolkit before you go to a medical appointment. Finish filling it out during the appointment or soon afterwards.

You can bring the Toolkit with you to your appointment and refer to it. You can also copy it after filling it out, and give it to your doctor or nurse.

The Toolkit has four parts:

1. Prepare for my medical appointment
2. My symptoms or pain
3. My medications
4. After my doctor's visit: What's next?

Preparing ahead of time for your medical appointment allows you to think about your concerns, symptoms, other important information your doctor/nurse will need from you, and what you want to get out of your conversation with your doctor/nurse.

The Toolkit includes some suggested questions that have helped other patients. For example, after receiving a diagnosis, it is helpful to ask, "What else can it be?" This question recognizes that diagnosis is a process, which includes a list of possibilities as well as the most likely choice, the "working" diagnosis.

We welcome feedback on this resource. Please help the SIDM Patient's Toolkit team improve this resource by sending your comments to PatientToolkit@improvediagnosis.org

Prepare for My Appointment

Patient's Toolkit for Diagnosis

Welcome to this resource for patients, created by patients.

Use this toolkit to help tell your story clearly.

Name: _____

Date: _____

Medical History: Surgeries, major illnesses, major procedures	Treatment or medication for this in the past?	Did this treatment or medicine help or not?	Any important notes or extra information
List any tests (Ex: CT scan, MRI, X-rays, blood work) I have had for current symptoms. When?			
CONCERNS: My top three medical concerns are:	1	2	3
What do I want to discuss first?			
What are my goals for this appointment?			

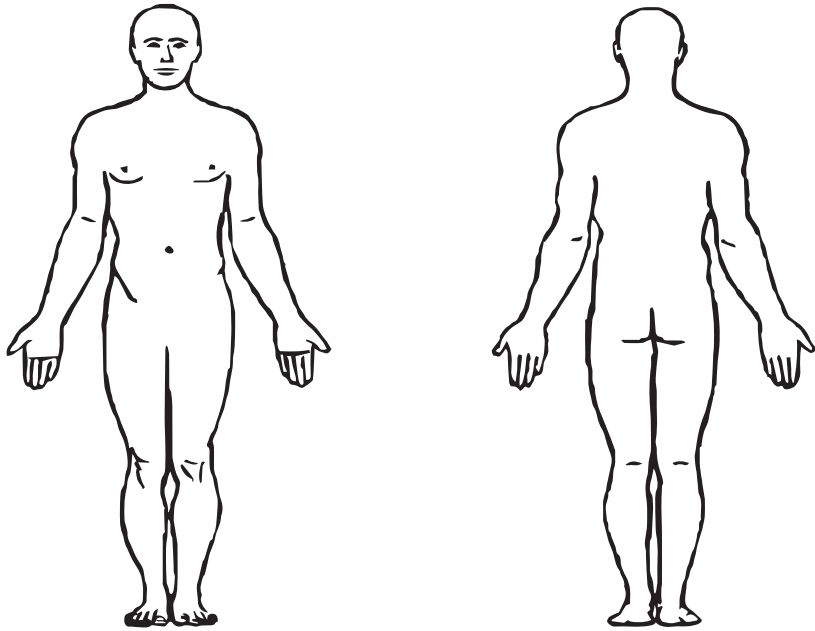
Questions to ask your doctor or nurse during an appointment:

1. What is my diagnosis? What else could it be?
2. Why do you think this is my diagnosis? From test results? From my physical exam?
3. Can you give me written information on my diagnosis? A pamphlet? A website?
4. Can you explain the test/treatment you want me to have?
5. What are the risks to the test/treatment you want me to have? What happens if I do nothing?
6. When do I need to follow up with you?
7. What should I do if my symptoms worsen or change, or I don't respond to treatment?

My Symptoms or Pain

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Use this drawing to show where you feel pain or symptoms



Name: _____

Date: _____

1. Where is it? Mark the drawing with an X.
2. How would you describe your pain or symptom?
Add words near the X, such as sharp, achy, dull, stabbing, tingling.
3. Use a 1-10 scale to tell how much pain you feel, with 10 being the very highest.
How severe is the pain at its worst? _____
How severe is the pain right now? _____
4. Is the pain constant or does it come and go? _____
5. Does the pain radiate to some other area? Draw an arrow to this second place.

What is my symptom?	When did it start?	What makes it better or worse? <i>Ex: exercise, eating, waking up, time of day</i>	What do I think caused this symptom? <i>Ex: accident, new medication</i>

List treatments for my symptoms and whether they helped:

Make a list of all the drugs and supplements that you take, even those not from a doctor. If you cannot do this, bring in ALL the medications to show the doctor. Some medications do not work well together or may not be needed at all.

Name: _____

Date: _____

My medications, herbs, vitamins, supplements	Dosage (Ex: two 40mg pills day & night)	How long I have used this?	What do I take it for?	Does it help me?	Who prescribed it?

After My Doctor Visit: What's Next?

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Use this sheet to summarize your visit for your records.

Name: _____

Date: _____

INSTRUCTIONS:

What does my doctor want me to do? _____

MEDICATIONS:

Do I have any new medications? _____

What are they for? How often do I take them? _____

Are there changes to my current medications? _____

TESTS:

Do I need any more tests? What are the tests for? Where do I go? _____

Do I need any preparation or instructions for the tests? _____

When will I get my results? _____

REMEMBER: Ask when your test results will be ready. Get a copy for your records. Call your doctor's office if you do not receive your test results.

APPOINTMENTS:

Do I need to see another doctor/specialist? Do I make that appointment? Contact information. _____

When do I see this doctor again? _____

What do I do if there is a problem before my next visit? _____

At Home

CHANGES:

Do I have any diet or other changes I need to make? _____

What symptoms or changes should I watch for? _____

When should I alert my doctor about any changes? Who do I call? _____

reminders: Track your symptoms, medications and tests. Write down questions for the next appointment.