

Getting ready for your appointment

INSTRUCTIONS: Print out this document to write in your answers **OR** type your answers into the boxes below, save your PDF, and then print or save this document to reference during your appointment.

Appointment Details

Date:	Time:	Doctor Name:	Address:
Reason for visit:			<input type="checkbox"/> I haven't made an appointment yet but I need to.

1 What do you want to tell the doctor you want from this appointment?

I want to ask my doctor for:	<input type="checkbox"/> A consultation <input type="checkbox"/> A diagnosis <input type="checkbox"/> A second opinion <input type="checkbox"/> An explanation of the problem <input type="checkbox"/> An explanation of what I can expect <input type="checkbox"/> Treatment options <input type="checkbox"/> A referral to a specialist
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2 What are your goals for treatment?

My goals for treatment are to:	<input type="checkbox"/> Return to work <input type="checkbox"/> Safely perform daily tasks <input type="checkbox"/> Play with children or grandchildren <input type="checkbox"/> Do recreational activities or sports <input type="checkbox"/> Manage side effects <input type="checkbox"/> Achieve a target medication dosage <input type="checkbox"/> Just feel better
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3 What questions do you have about knee OA?

I have questions about:	<input type="checkbox"/> Understanding OA <input type="checkbox"/> OA diagnosis and prognosis <input type="checkbox"/> Managing pain <input type="checkbox"/> OA treatment options <input type="checkbox"/> Lifestyle modifications and self-care <input type="checkbox"/> Monitoring my condition and follow-up
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