



My Medical Appointment

This document is to support you as you attend medical appointments. It complements the “Caring for Your Patient with Autism Spectrum Disorder (ASD)” document already on file with your doctor.

Preparing for the Visit

Prepare the day before and remember to take:

- If it's a *new* doctor, bring the *Caring For Your Patient With ASD* resource
- Medications/vitamins (list or photos on my phone)
- Health card
- Appointment address and plan for transportation (How will I get there? How long will it take to arrive on time?)
- Mask(s) and hand sanitizer (gloves?)
- List of concerns and questions – check all that apply below

✓	Have any of these been bothering me?	Remember to tell the doctor:
	Headaches and/or Dizziness	
	Vision	
	Hearing	
	Breathing (cough, running nose, hard to breathe)	
	Not hungry/appetite, trouble swallowing	
	Digestive issues (Nausea, diarrhea, constipation, etc.) Date of last bowel movement: _____	
	Problems with urination (change in colour, frequency or burning, itchiness)	
	Menstrual issues Date of last menstrual cycle (if applicable): _____	
	Skin	
	Pain (part of body: _____)	
	Sexuality	
	Not sleeping well, feeling tired, no energy	
	Mental Health (stress, anxiety, emotional issues, depression)	
	Alcohol, Drugs, Vaping	
	Challenges with family, friends, support workers	
	Other (anything not listed above): _____	

Did I recently go see any other doctor, dentist, or health professional? yes no

Any recent medication changes? If yes, which one(s): _____

During the Appointment

Reminder: Tips to support me are in the "Caring for Your Patient with ASD" resource

Tips for the visit:

- What would help me remember instructions:
 - Take my own notes (written or audio recorded)
 - Ask doctor for summary (written or audio recorded)
 - Repeat the doctor's instructions using my own words to ensure I understand
- Ask the doctor to explain anything I don't understand

Reason for today's visit:

- Routine check-up
- I don't feel well (review symptoms list with doctor)

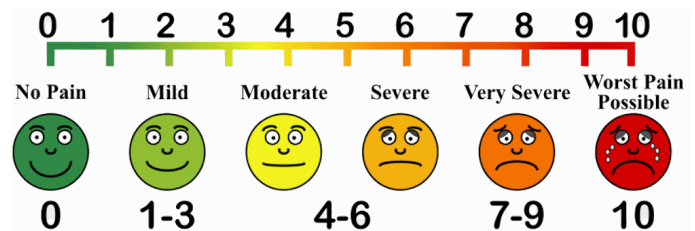
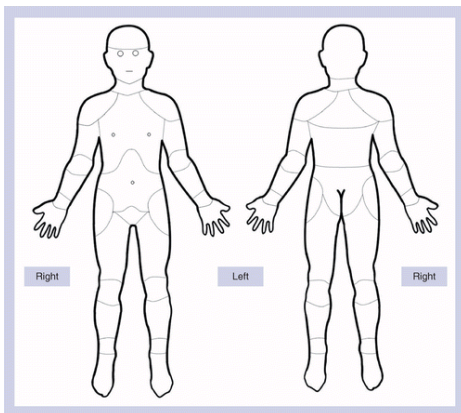
If I do "this" it makes it worse/better: _____

- Provide doctor with any forms that need to be filled out (if applicable)
- Ask doctor for more medication for _____
- Other: _____

Optional Communication Aid:

Point on the picture or on your body: where is the pain?

How intense is the pain?



After the appointment (to be completed by me or the doctor)

- Is there a need for a follow up appointment or test?
 - If yes, when? _____ and with whom? _____
 - Do I need to bring anything (e.g. requisition, urine test, etc.)?
 - Put it in my calendar
- Next appointment: _____
- New referral made to: _____ for _____
- Prescription Renewal:
 - Fill the Prescription
- Was a **new** medication prescribed?
 - How will it help me? _____
- Remember to listen to the recording again or reread the notes to make sure I do everything the doctor said
- Reflection:
 - How did the visit go?
 - Do I need to plan differently next time?