Talking with Your Doctor/Nurse/Therapist

If you need medical care, Call Me First:

Doctor/Nurse/Therapist: _____________________________ Name _____________________________ Phone _____________________________

Completing this form before you call will help you share important information with your physician/nurse/therapist and make the most of your telephone call.

1. What is happening?  
   **SITUATION**

   Have available a list of your medications and the name of your pharmacy.

   I am having:
   - [ ] Pain: *(Where is it located?)* ________________
   - [ ] Weight gain  [ ] Weight loss  [ ] Difficulty sleeping
   - [ ] Nausea  [ ] Vomiting  [ ] Bleeding  [ ] Difficulty breathing
   - [ ] Diarrhea  [ ] Weakness  [ ] Fever  [ ] Drainage from my wound
   - [ ] Other: _____________________________

2. What has been happening?  
   **BACKGROUND**

   I began to feel this way: *(When did it start?)* ________________

   My last weight: ________________ Blood sugar: ________________

   Temp: ________________ Blood pressure/Pulse: ________________

   How long have you had this problem? _____________________________

   What helped in the past? _____________________________

   What makes it worse? _____________________________

   It prevents me from doing my usual activities:  [ ] Yes  [ ] No

   I have been taking my medications as prescribed:  [ ] Yes  [ ] No

3. Why do I think I feel this way?  
   **ASSESSMENT**

   I think I feel this way because: _____________________________

   *(Include any reasons: emotional, stress, finances, new medication)*

4. What my doctor/nurse/therapist recommends:  
   **RECOMMENDATION**

   During or just after your call, write down your doctor/nurse/therapists’ instructions:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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