

# Talking with Your Doctor/Nurse/Therapist



S  
B  
A  
R

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 S

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 B

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 A

I think I feel this way because: \_\_\_\_\_

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

## 4. What my doctor/nurse/therapist recommends: RECOMMENDATION R

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

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