ONE PAGE TO HAND ACROSS THE DESK

# Appointment Summary

Ten minutes goes quickly. Fill this in the night before from your trackers, and start with the ticked boxes: they change what your doctor does first.



SHEET 07

**Name** _____ **Date of birth** _____ **Appointment** _____

## Why I have come

My main problem, in one sentence

_____

_____

It started _____ It is ☐ constant ☐ comes and goes ☐ getting worse

What I am most worried it might be

_____

## Tick any that apply, and say so first

- ☐ Blood in the stool, or black, tarry stool
- ☐ Weight loss I cannot explain
- ☐ Symptoms that wake me at night
- ☐ Trouble or pain swallowing
- ☐ Persistent vomiting
- ☐ Fever with tummy pain
- ☐ A change in bowel habit lasting over 4 weeks
- ☐ Bowel or ovarian cancer, coeliac or IBD in the family
- ☐ New symptoms after age 50

## My pattern, from my trackers

Bowel movements a week _____ Usual stool type _____ Range _____

Worst symptom _____ Typical score _____ Worst _____

Days affected in the last 14 _____ Nights woken _____

It is worse with, or after

_____

It is better with

_____

## What I have already tried

Food changes, and what happened

_____

_____

Products or medicines, dose, how long, and what happened

_____

_____

| EVERYTHING I TAKE: PRESCRIPTIONS, PHARMACY PRODUCTS, VITAMINS, HERBS | DOSE | HOW OFTEN | SINCE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## My three questions

1

_____

2

_____

3

_____

## What we agreed

Tests, treatment or referral

_____

_____

Review on _____ Sooner if _____