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| **Who are you seeing today?** 🞎 GP 🞎 Immunologist 🞎 CNC/Blood Nurse 🞎 Respiratory Physician 🞎 Rheumatologist 🞎 Neurologist 🞎 Cardiologist 🞎 Gastroenterologist 🞎 ENT 🞎 Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *Can you attend this appointment alone? 🞎 Y 🞎 N* *Do you need someone for help or support? 🞎 Y 🞎 N*  |
| **Strategy** |
| **What do you want to discuss/achieve today?** |
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| **Engagement** | ***Relevant information to take*** |
| **Symptoms** (chronological order, facts) | * *Do you have a referral?*
 |
|  | * *Health Information Summary*
 |
|  | * *Immunology letter re PID*
 |
|  | * *Symptom and treatment diary*
 |
|  | * *Test results*
 |
|  | * *Scans*
 |
|  | * *Reports*
 |
|  | * *Resources/papers/research articles*
 |
| **Plan** |
| **Doctor’s Plan** (write down) | **Previous Plan’s success/failures** (discuss) |
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| **Needs** |
| **Referral(s) – To?** | **Scan(s)/Tests – For?** |
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| **Blood test(s)- For?** | **Copies of Reports/Results sent to doctor** |
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| **Scripts Needed** (List) | **Dose** | **Scripts Needed** (List) | **Dose** |
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| **Questions** |
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| **OTHER** |
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