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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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