

# My Health Care Visit

## *Understanding Today's Visit and Follow-up*

### Introduction

#### FOR PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY

This is a worksheet to help prepare for your medical appointment, and to help understand and remember what happened. Bring this to every health care visit, even if you already know the doctor. There are 3 sections on the form:

➊ **ABOUT MY HEALTH CARE VISIT:** this is for you to write out the reasons why you are seeing the doctor. You should fill this out before you go.

➋ **DURING MY HEALTH CARE VISIT:** this section is for you, the doctor and anyone else who is supporting you to fill out during the visit, to help remember what was done, and what you have to do after you leave.

➌ **AFTER MY HEALTH CARE VISIT:** this section can be completed when you are back home. It is a chance for you and people who support you to discuss the appointment, and review what you liked, and what might make it better next time.

#### FOR PROVIDERS AND CAREGIBERS

My Health Care Visit is a tool for people with intellectual and developmental disabilities to complete with health care providers to foster understanding of the purpose, and outcome of today's health care visit. The first section is to summarize why the person is coming in today; the second section is intended to be completed as a summary of what was discussed, to help the person understand the information, and what follow up steps will occur, if any. The third section is optional, and is intended as a 'debrief' back home, after the appointment to reflect on what went well, and if any ideas for to improve future appointments. This could ideally serve as documentation of a health care visit for the person's record, if needed.

### Supporting materials

#### Going to the Doctor?

Health Care Access Research and Developmental Disabilities (H-CARDD), Centre for Addition and Mental Health, Toronto [video] <https://www.porticonetwork.ca/web/hcardd/resources/videos/idd>

Some of these supporting materials are hosted by external organizations and the accessibility of these links cannot be guaranteed. The DDPCP will make every effort to keep these links up to date.

# Preparing for My Health Care Visit

## FILL OUT BEFORE GOING TO THE VISIT BY ME AND PERSON SUPPORTING ME

### 1 Appointment information

#### My Name

First	Last
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#### Name of person supporting me

First	Last
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#### Appointment type

Family Doctor	Walk-in Clinic	Other (e.g., dentist, eye doctor, specialist, X-ray, etc.):
Hospital Visit	Emergency Room Visit	

#### Things to bring with me

OHIP card	Comfort items (eg., snacks, books, games, etc.)
ODSP card (if going to the dentist or eye doctor)	Any medications I need to bring with me

### 2 Why am I going to the appointment? (Note: let the doctor know if you've already had an appointment for this reason)

**EXAMPLES:** Feeling sick, I got hurt, I need a check up, something hurts in my body, illness, injury, need more medication, medication changes or concerns, stress with family or friends, need forms filled out, etc.

### 3 Have any of these been bothering me in the last week (or longer)?

Health Concern:	Is there a problem?	What is the issue?	Is tracking sheet(s) attached?
Pain			
Eating			
Bathroom or toileting			
Energy or tired or sleep			
Emotions or feelings			
Relationships			
Sexual health			
Other (eg., falls, hearing, vision)			
Medication			

# During My Health Care Visit

## FILL OUT WITH A HEALTH CARE PROVIDER

**1 Appointment summary** (\*If the health care provider does not fill out this section, a copy of their note from the appointment or a letter summarizing the required information can be attached. If attaching a document, please check this box: )

What did we talk about and do?

**Next steps** (Things like: tests or exams I need to do like X-ray or blood work, appointments to see a different doctor or health professional, need to come back to see the doctor I saw today, things I or the people supporting me can do to be healthier at home)

**2 Medications** (Were there changes to my medications?)

Yes No

**New Medications (if any)**

Medication Name	Why do I need to take this medication?
1.	
2.	
3.	

**Things to remember to do before I leave**

**Don't forget to:**

Make sure this page is completed

Schedule any upcoming appointments with the front desk

Appointment date:

If there is a referral, make sure I know whether I need to call to follow up

Referral:

**Doctors Name:**

**Signature:**

**Date:**

# After My Health Care Visit

FILL OUT AFTER THE VISIT WITH THE PERSON SUPPORTING ME

**Comments about the visit:**

Things like: How did the visit go? What do I need to do now? What could we do differently next time?

## Copyright and Disclaimer

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