

# My COVID Check-In: A visit with the doctor to talk about staying healthy and well during the pandemic

## What is this form about?

During a pandemic like COVID-19, a lot of things change. Maybe you cannot play sports anymore, or go to work, or visit friends and family like you used to.

It is good to check in with your doctor about what these changes mean for your health.

Many people have not seen their doctor in a long time, so it is good to have a check-in.

The doctor can help you stay healthy and well during and after a pandemic.

The **My COVID Check-In** form helps to prepare for a visit with the doctor.

### How can I use this form?

You can fill it out yourself or ask someone to help.

The form lists 12 topics about physical and mental health that you might want to talk to your doctor about.

Write down any questions you have for the doctor.

Bring the **My COVID Check-In** form to your visit with the doctor. It will help you remember what you want to talk about.

You can ask your doctor questions and talk about what worries you.

You don't have to talk about everything with the doctor.

### After your visit with the doctor

On the bottom of the form, you can write down what you talked about and what you need to do next.

Keep the form as a reminder of what needs to happen.

You can also share the form with someone who supports you.

# My COVID Check-In: A visit with the doctor to talk about staying healthy and well during the pandemic (long form)

## 1 About me and my appointment

**My name**

First	Last
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**Name of the person supporting me at this visit**

First	Last
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**My appointment**

Day/Month/Year	Time	Appointment type: <input type="checkbox"/> video <input type="checkbox"/> phone <input type="checkbox"/> in person
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**My doctor's**

Name	Phone #
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## 2 Preparing for My COVID Check-In. Fill this out before you meet with the doctor or nurse.

- ▶ Check  what you want to talk about with the doctor. You don't have to talk about everything.
- ▶ Put a  if you want to talk about something with the doctor alone.

### 1. My shot ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> How vaccines work	
<input type="checkbox"/> Getting the vaccine	
<input type="checkbox"/> The number of shots I should have	
<input type="checkbox"/> Proof of my vaccination	
<input type="checkbox"/> Something else about the vaccine	

### 2. My mask ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> When to wear a mask	
<input type="checkbox"/> How to wear a mask	
<input type="checkbox"/> How the mask fits on my face	
<input type="checkbox"/> Which type of mask best protects me	
<input type="checkbox"/> Something else about my mask	

### 3. My medications

Put a ☒ if you want to talk about something with the doctor alone ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> The number of medications I take	
<input type="checkbox"/> Side effects or feeling unwell from my medication	
<input type="checkbox"/> Blood tests to check if my medication is working well	
<input type="checkbox"/> Remembering when and how to take my medication	
<input type="checkbox"/> Something else about my medication	

### 4. My physical health

My last head-to-toe check-up with the doctor was at

Day/Month/Year

I want to talk about	I want to ask or tell
<input type="checkbox"/> My hearing and my eyes	
<input type="checkbox"/> The flu shot	
<input type="checkbox"/> My weight	
<input type="checkbox"/> New health problems that I have not talked to the doctor about yet	
<input type="checkbox"/> Something else about my health	

### 5. My movement

I want to talk about	I want to ask or tell
<input type="checkbox"/> Ways that I enjoy moving around	
<input type="checkbox"/> Do I get enough movement?	
<input type="checkbox"/> My time outdoors and getting fresh air	
<input type="checkbox"/> How to get help with my movement	
<input type="checkbox"/> Something else about my physical movement	

### 6. My habits

I want to talk about	I want to ask or tell
<input type="checkbox"/> Things I do that are good for my health	
<input type="checkbox"/> Eating healthy foods	
<input type="checkbox"/> Drinking alcohol	
<input type="checkbox"/> Smoking and using drugs	
<input type="checkbox"/> How much time per day I use my phone, iPad, play games	
<input type="checkbox"/> Sleep (time I go to bed, time I get up, how many hours of sleep)	
<input type="checkbox"/> Something else about my habits that affects my health	

## 7. My mood

Put a ☒ if you want to talk about something with the doctor alone ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Things that make me feel good	
<input type="checkbox"/> Things that make me feel sad	
<input type="checkbox"/> Things that make me feel worried	
<input type="checkbox"/> Things that make me feel angry	
<input type="checkbox"/> How I feel all the time or just sometimes	
<input type="checkbox"/> Something else about my mood and feelings	

## 8. My family and friends

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> People I enjoy spending time with	
<input type="checkbox"/> Meeting with family and friends	
<input type="checkbox"/> Feeling lonely	
<input type="checkbox"/> Things that have happened to my family or friends	
<input type="checkbox"/> Something else about my family and friends	

## 9. My activities and interests

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Activities I enjoy doing	
<input type="checkbox"/> Activities I do not enjoy and would like to change	
<input type="checkbox"/> My work	
<input type="checkbox"/> My school	
<input type="checkbox"/> Something else about my activities and interests	

## 10. My technology

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Using my phone, laptop, computer, iPad, or other devices	
<input type="checkbox"/> Using social media (Facebook, Twitter)	
<input type="checkbox"/> Meeting with people online (Zoom, FaceTime, dating apps)	
<input type="checkbox"/> Buying things on the internet	
<input type="checkbox"/> Help with using the internet	
<input type="checkbox"/> Something else about technology	

## 11. My money

Put a ☒ if you want to talk about something with the doctor alone ○

I want to talk about	I want to ask or tell
<input type="checkbox"/> Money for important things like my rent, my food, my phone, the bus or train, and the internet	
<input type="checkbox"/> Money for getting help at home or with things I do	
<input type="checkbox"/> People asking me for money	
<input type="checkbox"/> Help with going to the bank or using the bank on the internet	
<input type="checkbox"/> Something else about my money	

## 12. My emergency plan

○

I want to talk about	I want to ask or tell
<input type="checkbox"/> My plan in case I need to go to the hospital for an emergency	
<input type="checkbox"/> Who would come to the hospital and help me	
<input type="checkbox"/> Things I want to bring if I had to go to the hospital	
<input type="checkbox"/> Something else about emergencies	

**3** During My COVID Check-In. Fill this in together with the doctor and anyone who supports you during the visit. If your doctor usually fills out a different form, ask them to attach a copy to this form.

What did we talk about and do?

Next steps For example, a health check, doing tests like bloodwork, seeing a different doctor, or information to read.

Medications	I want to ask or tell
Were there changes to my medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New medications (if any)	
<input type="checkbox"/> Why do I need to take this new medication?	
<input type="checkbox"/> How do I take this new medication?	
<input type="checkbox"/> What side effects of medications do I need to watch for?	

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

- Make sure this form is completed
- Schedule the next appointment date
- If going to see a new doctor or specialist, find out how to make an appointment. Do I call them? Or do they call me?

**Another doctor to see next**

Name	Phone #
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**4 After My COVID Check-In. Fill this in yourself or with someone who supports you.**

**Things I want to do for my health**

**What I liked about the visit. What should go different next time**

**My next appointment is booked for**

Date: day/month/year	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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