
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 (short form)

1 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

- Getting the vaccine
- Proof of my vaccination
- Something else about the vaccine

7. My mood

- Things that make me feel happy or sad
- How I feel all the time or just sometimes
- Something else about my mood and feelings

2. My mask

- When to wear a mask
- How the mask fits on my face
- Something else about my mask

8. My family and friends

- Meeting with family and friends
- Things that have happened to my family or friends
- Something else about my family and friends

3. My medications

- The number of medications I take
- Remembering when and how to take my medications
- Something else about my medications

9. My activities and interests

- Activities I enjoy doing
- Activities I do not enjoy and would like to change
- Something else about things to do

4. My physical health

- My weight
- New health problems that I have not talked to the doctor about yet
- Something else about my health

10. My technology

- Using my phone, laptop, computer, iPad, or other devices
- Meeting with people online (Zoom, FaceTime, dating apps)
- Something else about technology

5. My movement

- Ways I enjoy moving around
- My time outdoors and getting fresh air
- Something else about moving around

11. My money

- Money for important things like my rent, my food, my phone, the bus or train, and the internet
- Money for getting help at home
- Something else about my money

6. My habits

- Things I do that are good or bad for my health
- Sleep (time I go to bed, time I get up)
- Something else about my habits

12. My emergency plan

- My plan in case I need to go to the hospital
- Who would come to the hospital
- Something else about emergencies

I want to talk about or ask

2 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, booking a health check-up, doing tests or exams like bloodwork, seeing a different doctor, or information to read

Medications

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

Things to remember to do before I leave

<input type="checkbox"/> Make sure this form is completed	<input type="checkbox"/> Schedule the next appointment date
<input type="checkbox"/> 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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3 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 or did not like about this visit

My next appointment is booked for

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