

# Tips for Filling out the My Health Care Visit Tool

The My Health Care Visit tool was created to help your family member be more involved in their own health care. Specifically, this tool is designed to help people with disabilities to be more actively involved in the health care visit and in preparing for the visit.

Here are some tips to help you fill out and use the My Health Care Visit tool:

- When filling out the tool with your family member, consider the person's level of independence:
  - If they require greater support, you may want to try to involve family members or staff who know the person well to get their input as you are filling it out.
  - If your family member is more independent, you can invite them to fill it out with support or to fill it out on their own.
- This tool was designed to be used for any health care visit (e.g., with a family doctor, specialist, walk-in clinic, emergency room visit, hospital visit, dentist, eye doctor, etc.).

## My Health Care Visit: *Preparing for the Visit*

- The first page of the tool should be filled out as soon as the health care visit is booked (this could be days or weeks in advance).
- The person helping your family member fill out the tool does not have to be the same person who attends the appointment.
- It can be helpful to read this section aloud or to show it to the health care provider at the beginning of the visit so that any health questions/concerns can be discussed and are not forgotten.
- For the section called “Have any of these been bothering me in the last week (or longer?)” when trying to decide whether to mark issues as possible “problems” for the health care provider to look into, think about whether each issue represents a change that has made your family member different from their usual self. If it is a change, it should be checked off.
- A monitoring chart should be completed for any health concern your family member is having.
  - Begin monitoring once you recognize your family member is experiencing a problem. This will allow you to begin collecting information leading up to the appointment that will be helpful for the health care provider to know.
- Monitoring charts can be found in Section 4 of this Toolkit.

**Preparing for My Health Care Visit** Surrey Place Developmental Disabilities Primary Care Program

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

**1 Appointment information**

**My Name**  
First:  Last:

**Name of person supporting me**  
First:  Last:

**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 (e.g., snacks, books, games, etc.)  
☐ ODSF 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 Concerns	Is there a problem?	What is the issue?	Is tracking sheet(s) attached?
Pain	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Bathroom or toileting	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Energy or tired or sleep	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Emotions or feelings	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Sexual health	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other (e.g., falls, hearing, vision)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

## My Health Care Visit: *During the Visit*

How do you fill out the second page of the tool when you are in the appointment?

**Option 1:** Invite the health care provider to fill out this page of the tool with you and your family member during the visit, as you discuss different issues that come up.

**Option 2:** If the health care provider does not want to fill out the tool, ask them if they would be willing to print a copy of their notes from the appointment or a letter summarizing the required information and attach it.

**Option 3:** If the health care provider does not wish to do either option 1 or 2, summarize what the health care provider tells you, ask them to confirm that what you summarized is correct, and write it down on the tool while you are still in the appointment.

### During My Health Care Visit

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**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. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

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

Appointment date:  Referral:

Doctors Name:  Signature:  Date:

**Comments about the visit:**

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

DEVELOPED BY: Surrey Place, Developmental Disabilities Primary Care Program

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