

Going to see the Doctor/Nurse Patient and Carer Prompt Sheet

Please fill in before your appointment

Date

Name

Name of carer

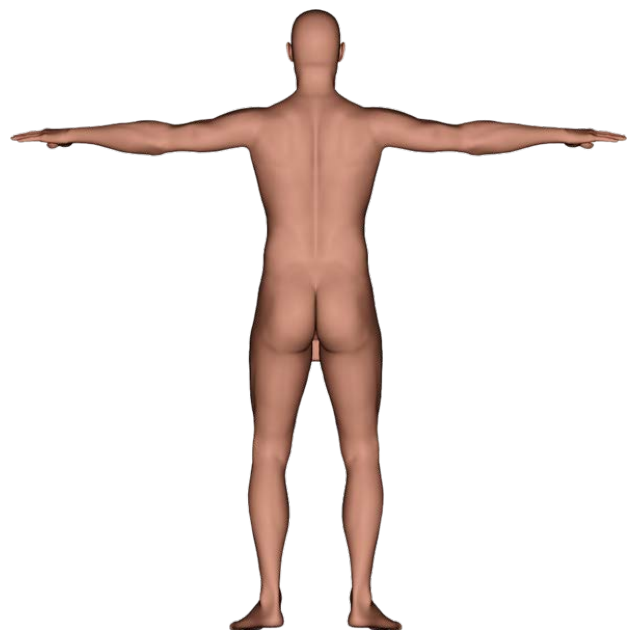
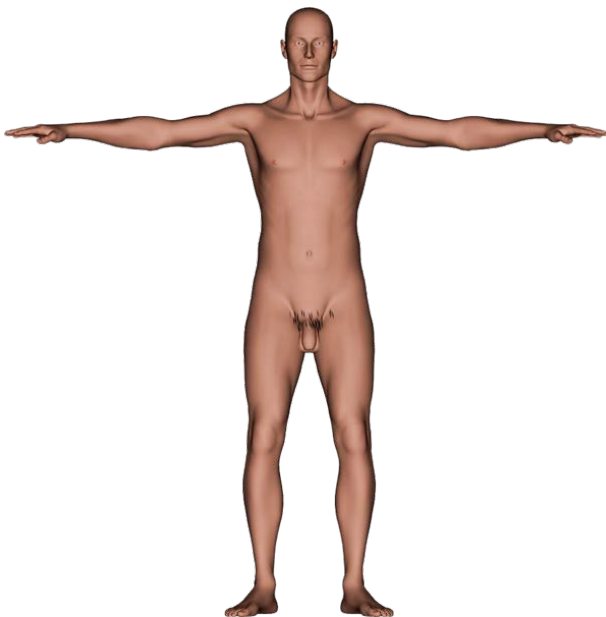


What is wrong?



Does it hurt?

If yes, draw a circle where it hurts.





Do you know what caused the pain?



Fall



Something you ate



Burn



Something you drank



Bite or sting



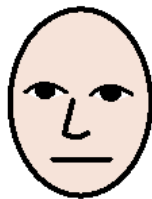
Don't know or not sure



How bad is the pain?



No pain



A little pain



More pain



Even more pain



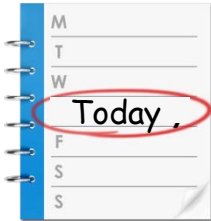
Bad pain



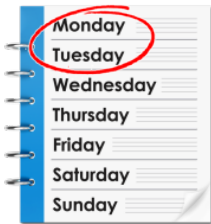
Very bad pain



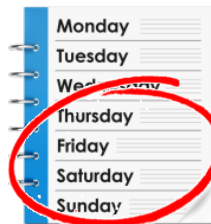
When did you start feeling unwell?



Today



1 to 2 days



3 or more days



Not sure



How are you sleeping?



Good



Bad



Is this affecting how you eat and drink?



Yes



No



Have you been sick?



Yes



No



Do you have problems going to the toilet?



Yes



No



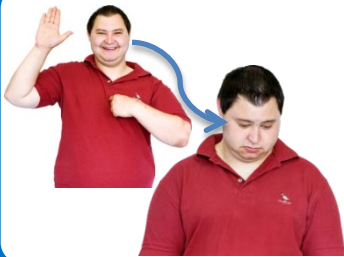
Do you have a temperature?



Yes



No



Does your mood change often?



Yes

Do you go from being happy to being sad quickly?



No



Have you taken anything to make you feel better?



Yes, medicine



No



Yes, tablets



Not sure?



Can you write the name of what you have taken here;
