The

GenXella

DOCTOR'S APPOINTMENT PREP KIT

Walk in prepared. Walk out with orders, a referral, or a plan. Plus a 2-week symptom tracker.

- **TRACK**
- **ASK**
- **DECIDE**

Tools that get used, not shelved.

Fill it on your iPad, laptop, or print it. Your kit, your way.

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How to Use This Kit

Read this once. It takes two minutes. Then you're done with instructions and on to the part that actually helps.

Here's the problem this kit solves. You get about fifteen minutes with your doctor. You're tired, you're holding six things in your head at once, and half of what you meant to say evaporates the second someone asks "so what brings you in today?" Meanwhile the stuff you're dealing with (the sleep, the fog, the mood, the everything) shows up on different days in different amounts. So "how have you been feeling?" is almost impossible to answer honestly on the spot.

So we are not going to rely on your memory or your mood that morning. We are going to bring receipts.

1. **Start the two-week tracker today (pages 2 to 3).**
   Under a minute a day. Same time each day works best (a lot of people do it right before bed). You're not journaling. You're logging. Marks, not paragraphs.
2. **After two weeks, do the pattern-spotting worksheet (page 4).**
   This is where a pile of daily marks turns into something a doctor can actually use.
3. **Fill out your one-page Appointment Brief (page 5).**
   This is the page you hand over or read from. One page. On purpose.
4. **Keep the scripts nearby (pages 6 to 7).**
   If you get brushed off, you'll have exact words ready so you don't freeze or leave frustrated.
5. **After the visit, use the post-appointment and follow-up pages (pages 8 to 9).**
   Getting orders is step one. Making sure they lead somewhere is step two.

A few honest notes

- Two weeks is the minimum. If your symptoms track with your cycle, a full cycle is better. Start now anyway.
- You don't have to fill every box every day. A blank is data too.
- This is a preparation tool, not a diagnosis. It doesn't tell you what's wrong. It makes sure the person who can figure that out has what she needs.

That's it. Turn the page and start today. Future you, sitting in that exam room with a filled-out brief in hand, is going to be very glad you did.

This kit helps you prepare for your appointment. It is not medical advice or a diagnosis.

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Your 2-Week Symptom Tracker

Days 1 to 7

One line a day, under a minute. You're logging, not journaling. A blank box is data too, so don't stress the ones you skip.

THE KEY (so you're not writing sentences)

Sleep hrs + quality 1 (wrecked) to 5 (great)
Energy 1 (empty) to 5 (good)
Cycle P = period, S = spotting, blank = none
Sweats flashes/night sweats, 0 to 3+
Alc number of drinks
Mood 1 (low) to 5 (steady)
Brain fog/word-finding. 0 none,1 some,2 a lot
Pain 0 to 3, jot where
Sex + up, = same, - down
Notes two or three words max

Day	Sleep	Mood	Energy	Brain	Cycle	Pain	Sweats	Sex	Alc	Notes
1										
2										
3										
4										
5										
6										
7										

This is a log, not a diagnosis. Bring it to your appointment so patterns speak for you.

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Your 2-Week Symptom Tracker

Days 8 to 14

One line a day, under a minute. You're logging, not journaling. A blank box is data too, so don't stress the ones you skip.

THE KEY (so you're not writing sentences)

Sleep hrs + quality 1 (wrecked) to 5 (great)
Energy 1 (empty) to 5 (good)
Cycle P = period, S = spotting, blank = none
Sweats flashes/night sweats, 0 to 3+
Alc number of drinks
Mood 1 (low) to 5 (steady)
Brain fog/word-finding. 0 none,1 some,2 a lot
Pain 0 to 3, jot where
Sex + up, = same, - down
Notes two or three words max

Day	Sleep	Mood	Energy	Brain	Cycle	Pain	Sweats	Sex	Alc	Notes
8										
9										
10										
11										
12										
13										
14										

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Pattern-Spotting Worksheet

Turn your tracker into something a doctor can use in fifteen minutes. This page feeds straight into your Appointment Brief.

1. Look back over your 14 days. Which 3 symptoms were loudest?

Most frequent, or hit hardest.

1 _____ 2 _____ 3 _____

2. For each one, the quick math.

Concern 1 _____

Days out of 14: _____ **Worst when:** _____

Pattern: ☐ Daily ☐ Cyclical ☐ Getting worse ☐ Random

Concern 2 _____

Days out of 14: _____ **Worst when:** _____

Pattern: ☐ Daily ☐ Cyclical ☐ Getting worse ☐ Random

Concern 3 _____

Days out of 14: _____ **Worst when:** _____

Pattern: ☐ Daily ☐ Cyclical ☐ Getting worse ☐ Random

3. Anything that reliably makes it better or worse?

Sleep, alcohol, stress, timing in your cycle.

_____

4. Finish this sentence.

The symptom affecting my daily life the most right now is _____

and here's how it shows up: _____

That sentence is your headline for page 5. You just did the hard part.

This page organizes your experience. It is not a diagnosis or medical advice.

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Your Appointment Brief

Fill this out after your two weeks of tracking. Print it and hand it over, or read from it. Give it to your provider at the start of the visit, not the end.

Date of appointment _____ **Provider** _____

In one sentence, why I'm here today

Example: "I've had four months of symptoms affecting my sleep, focus, and daily function, and I want a workup and a plan."

My top 3 concerns, in order

#	Concern	How long	How often	Daily impact 1-5
1				
2				
3				

The pattern I noticed: ☐ Daily ☐ Cyclical ☐ Getting worse ☐ Random

What I've already tried *Sleep changes, cutting alcohol, exercise, supplements, previous meds.*

Relevant history / current meds / family history

What I want from this visit (check all that apply)

☐ Specific tests, and the reasoning behind them

☐ A referral to _____

☐ A treatment to try

☐ A follow-up plan with a timeline

☐ An explanation of what could be causing this

☐ This raised and noted in my chart

If we run out of time, the ONE thing I need addressed today is:

This brief organizes your experience for your provider. It is not a diagnosis or medical advice.

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Scripts for If You Feel Brushed Off

The goal is not to fight your doctor. A doctor who feels accused gets defensive, and defensive doctors order less, not more. Every script below moves the conversation toward a concrete next step (a test, a referral, a plan, or a documented reason why not). You're redirecting, not demanding. Say the line calmly, then stop talking and let them answer.

"That's just your age."

Say: It might be. But normal for my age doesn't mean I have to live like this if something's treatable. Can we look at what's driving it before we file it under aging?

If pushed: *What would you want to rule out first?*

"Your labs look normal."

Say: That's good to hear, and I believe the labs. But my labs being normal and me feeling normal are two different things. What could cause these symptoms with normal labs?

If pushed: *Are there tests we haven't run yet that might explain the gap?*

"Have you tried yoga / diet / managing your stress?"

Say: I'm open to it, and I've already tried ____. Can we make lifestyle changes one part of the plan and not the whole plan? I'd also like us to look at the medical side.

If pushed: *If that doesn't move the needle in eight weeks, what's our next step?*

"Let's wait and see."

Say: I can do that if we set a timeline and know what we're watching for. What are we waiting to see, and at what point do we act?

If pushed: *Can we put that follow-up on the calendar today so it doesn't slip?*

The line that works on almost everything

"I hear you. Can we note in my chart that I raised this and what we decided?" It's not a threat, it's a record, and it quietly turns "let's wait" from a dismissal into a decision someone is on record for.

OPTIONAL: SMART QUESTIONS TO ASK ABOUT TESTING

These keep you asking about your doctor's reasoning, not diagnosing yourself. On purpose.

- What would you test to rule things out, and what would each result tell us?
- If we don't test now, what are we choosing to leave unexplained?
- Is there anything about my symptoms that a standard panel might miss?
- When would you retest, and what would make you change the plan?
- What's the difference between "normal" and "normal for me" here?

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When You Feel Worse Than Your Tests Say

Sometimes the labs come back fine and you're sitting there thinking, “then why do I feel like this?” You're not imagining it, and you're not being dramatic. Here's the phrase that names it, and why it's fair to say out loud.

THE ANCHOR LINE

“My scores are normal, but my experience is not.”

Say it however fits your mouth:

- **“My labs are normal. My day-to-day is not.”**
- **“I test fine on paper. I don't feel fine living it.”**
- **“I'm not saying the tests are wrong. I'm saying they aren't capturing what I'm dealing with.”**
- **“Normal for the average patient isn't the same as normal for me six months ago.”**
- **“The number is reassuring. The way I'm functioning still isn't.”**

Why this is a legitimate thing to say, not a complaint

A standard panel measures a slice of what's happening, on one day. It was never designed to capture how you're functioning over weeks. Researchers have actually documented this gap. A 2025 peer-reviewed meta-analysis in Psychology and Aging (Bangle et al.) found that perimenopausal women trended toward reporting worse cognitive symptoms than postmenopausal women even when their objective test scores were not worse.

In plain terms: the mismatch between how you feel and how you test is a known, studied pattern in midlife, not a personal failing. Saying it out loud tells your clinician one useful thing. Don't stop at the lab result.

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After the Appointment

Fill this out in the parking lot, before it fades. Two minutes now saves you a confused phone call in three weeks.

What was ordered or decided today

- ☐ Labs / bloodwork _____
- ☐ Imaging or other tests _____
- ☐ Referral to _____
- ☐ Medication or treatment to try _____
- ☐ Lifestyle change we agreed on _____

What I was told to expect

_____

Results: how I'll get them _____ **by when** _____

Follow-up appointment: date _____ **with** _____

Ask before you leave the room: "What symptoms should make me call before the follow-up?"

_____

Did I get what I came for? ☐ Yes ☐ Partly ☐ No

If partly or no, the gap was: _____

Prep and record-keeping tool. Follow your provider's instructions for anything medical.

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The 60-Day Follow-Up

Set a reminder for about 60 days out. This is where you decide whether this doctor is working for you, using evidence instead of vibes.

Did the plan actually happen?

☐ Tests done ☐ Referral booked

☐ Treatment started ☐ Results explained to me

If something stalled, what:

Compared to 60 days ago, my top symptom is: ☐ Better ☐ Same ☐ Worse

Did the provider follow through? ☐ Yes ☐ Sort of ☐ No

Now decide. Which column sounds like your experience?

KEEP THIS DOCTOR	GET A SECOND OPINION	SWITCH PROVIDERS
• Took you seriously	• Gave partial answers	• Dismissed or waved you off
• Ordered or explained	• Symptoms still unexplained	• No plan, no next step
• Set a real follow-up	• Confirm before a big decision	• Wouldn't document concern
• You left feeling heard	• Plan isn't working, unsure why	• You dread going back

My decision:

Next action + date:

You're allowed to change providers. It's your body and your money.

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Where to Go Next

Two real organizations, both free to use. Listing, not endorsement. Check insurance and fit yourself.

The Menopause Society

menopause.org

The main professional body for menopause care in North America (formerly the North American Menopause Society). Its "Find a Menopause Practitioner" directory lists clinicians with specific menopause training. Use it if you decide to get a second opinion or switch.

Let's Talk Menopause

letstalkmenopause.org

A nonprofit focused on patient education and advocacy, with plain-language symptom information and its own provider finder. Good for getting your bearings before an appointment.



One last thing.

You are not a difficult patient for wanting answers. You're a prepared one. Go get your plan.

These organizations are independent of this kit. Always confirm a provider's credentials and your coverage directly.

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