One-Page Appointment Kit

Get heard in the time you get, even on a foggy, hurting, low-battery day.

By Tamera Lynn Stewart | Hard Day Designs / Impact2HEAL | Impact Horizons LLC

Hi, I'm Tamera. I'm a cancer survivor and I've been a chronic pain and disability advocate since 2016. In my book, "It's Not All in Your Head... or Your Body", I talk about how the systems we deal with aren't broken... they just weren't designed with our outcome as the priority. A 15-minute appointment is one of those systems.

You can't change the clock. You CAN walk in with one clear page that says what matters. This kit helps you build it, use it, and follow up after.

What's inside

1. The One-Page Appointment Template (fillable and printable)
2. A filled-in example (fictional)
3. Low-energy prep checklist
4. Scripts for when you freeze or feel dismissed
5. After-visit notes page
6. How to get your records (and a fill-in request)
7. Copy-paste AI prompt: voice memo to one-page summary
8. When the visit is about pain or pain medicine

The short version

- Talk or type it out. Messy is fine.
- Turn it into one page (by hand, or with the AI prompt in Part 7).
- Bring two copies. Hand one over at the start.
- Write down what was said before you leave the parking lot.

> **Please note:** This kit is general information, not medical or legal advice. It helps you share information with your care team and doesn't replace their advice. The example in Part 2 is fictional and is not a treatment recommendation.

Part 1: My One-Page Appointment Summary

Name: _____ **Seeing / date:** _____

1. What I can no longer do (or can only do with help) *Function, not just pain scores.*

2. Timeline *When it started. Better, worse or the same?*

3. What I've tried and what happened *Did it help, not help, or make it worse?*

4. Current meds and supplements *Name, dose, how often, is it helping?*

5. My top 3 questions *Most important first.*

1. _____
2. _____
3. _____

6. What I need today *Tick all that apply.*

☐ A clear plan ☐ A test or scan ☐ A referral

☐ A med change ☐ Forms or paperwork ☐ A work or school note

Most important: _____

Part 2: Filled-in example (fictional)

Name: Jordan (fictional) **Seeing / date:** Dr. Rivera, primary care, Nov 12

1. What I can no longer do (or can only do with help) *Function, not just pain scores.*

I can't stand longer than 10 minutes, so I sit to shower and can't cook most nights. I stopped driving more than 20 minutes. I'm missing 2 to 3 workdays a month. Carrying my laundry basket flares my back for days.

2. Timeline *When it started. Better, worse or the same?*

Low back and hip pain started after a fall in March 2024. Steady until this summer. Since August it's worse, with new numbness down my left leg.

3. What I've tried and what happened *Did it help, not help, or make it worse?*

Physical therapy, 8 weeks in 2024: helped some, stopped when insurance ran out. Heat and gentle stretching: helps a little. Ibuprofen: upset my stomach, stopped. Muscle relaxer: too drowsy to work.

4. Current meds and supplements *Name, dose, how often, is it helping?*

Acetaminophen 500 mg, up to 2 times a day: takes the edge off. Vitamin D, 1,000 IU daily. (Fictional example only.)

5. My top 3 questions *Most important first.*

1. What could be causing the new leg numbness, and does it need a test?
2. Can I restart physical therapy, or is there something else to try?
3. Can you fill out my work accommodation form today?

6. What I need today *Tick all that apply.*

☒ A clear plan ☐ A test or scan ☒ A referral

☐ A med change ☒ Forms or paperwork ☐ A work or school note

Most important: A plan for the leg numbness, and my work form.

Part 3: Low-energy prep checklist

Do what you can. Each tier is enough on its own.

If you only have 5 minutes

- [ ] Write your #1 question at the top of a page (or a phone note)
- [ ] Write one sentence: "The biggest thing I can't do anymore is..."
- [ ] Put your med bottles or med list in a bag by the door

A few days before (in short bursts)

- [ ] Record a voice memo about how things have been (use the AI prompt in Part 7, or fill the template by hand)
- [ ] Fill in the one-page template
- [ ] Check the patient portal for recent results or notes
- [ ] Print two copies, or save it where you can open it fast on your phone
- [ ] Ask someone to come with you or be on speaker, if that helps
- [ ] Confirm the time, address, parking, and whether there are stairs or a long walk

The day before

- [ ] Lay out comfy clothes that are easy to take off for an exam
- [ ] Pack: the page, meds or list, ID, insurance card, water, snack, any forms to fill out
- [ ] Pack comfort items: cushion, heat wrap, headphones, sunglasses
- [ ] Plan your ride, and plan rest time after

Day of

- [ ] Hand over your page at the start
- [ ] Ask your #1 question first
- [ ] Before you leave: "What are the next steps, and who does each one?"
- [ ] Fill in the after-visit notes page (Part 5) as soon as you can

Part 4: Scripts for hard moments

Read these word for word. Highlight the ones that sound like you, or write your own at the bottom.

When you freeze or lose your words

- "Give me a moment. I wrote it down."
- "Can I read you my one-page summary? It's quick."
- "I'm having trouble finding words today. Could you ask me yes or no questions?"
- "Can you say that again, slower?"
- "Could you write that down for me, or put it in my after-visit summary?"
- "Before we finish, I have one more important question."

When you feel dismissed

- "I hear that my tests look normal. What else could explain what I'm living with?"
- "Let me share what this stops me from doing day to day." (Then read section 1.)
- "I'm not here for one specific treatment. I'm here for a plan that helps me function."
- "What's the plan if this isn't better by [date]?"
- "If you're not ordering this test or referral, can you note in my chart that I asked and why?"
- "I'd like a referral for a second opinion."

When you need more time

- "We didn't get to everything. Can I book a follow-up just for these questions?"
- "Is there a nurse or care coordinator I can message about the rest?"

> **Remember:** A rushed or dismissive visit doesn't mean you were wrong about your body. It's okay to leave, rest, and try again with a different approach or a different provider. If you want to record a visit, ask first. Rules on recording vary by state and by clinic.

My own script: _____

Part 5: After-visit notes

Fill this in before you drive away, or ask your support person to do it. Short phrases are fine.

Who I saw and date: _____

What they think is going on

Changes to my meds or treatment

Tests or referrals ordered (and who schedules them)

What I need to do next, and by when

Questions I didn't get to

How I felt about this visit (optional)

Follow-up date: _____

Who to call if it gets worse: _____

Part 6: Get your records

Your records show what actually got written down. They help you catch mistakes and bring the full story to a new provider.

Records request tip

- **Check the patient portal first.** Many visit notes and test results show up there, often within days.
- **You have a right to your records.** Under the federal HIPAA Privacy Rule, you can get copies of most of your health records. Providers generally have to respond within 30 days (they can take up to 30 more if they tell you why).
- **Ask in writing.** Use the clinic's form if they have one, or a short letter or portal message. Keep a copy and the date.
- **Ask for the format you want.** Electronic copies are often faster. You may be charged a reasonable, cost-based fee.
- **Be specific.** Ask for visit notes, test results, imaging reports and letters for certain dates.
- **Spot a mistake?** You can ask the provider to correct (amend) your record in writing.
- **Stuck?** State rules may give you more rights. A patient advocate or legal aid office can help.

Fill-in records request

Date and to (clinic): _____

My name and date of birth: _____

Records I'm requesting *For example: visit notes, test results, imaging reports.*

For dates from / to: _____

Format (portal, email, paper, USB): _____

Send to (address or email): _____

Signature: _____

Part 7: Turn a voice-memo ramble into your one page

Some days, talking is easier than writing. Record yourself, then let an AI tool sort it into the template. Surviving isn't the same as thriving... and you deserve care built around your outcome.

How to do it

1. Record a voice memo. Ramble, repeat yourself, jump around. It's fine.
2. Get the text. Many phones can transcribe voice memos, or tap the microphone in your notes app.
3. For privacy, remove your full name, birth date, address and ID numbers from the text.
4. Open the AI tool you use, paste the prompt below, then paste your text where it says to.
5. Read every line. AI tools can get things wrong or make things up, so fix anything that's wrong and add what it missed.

Copy-paste prompt

I'm going to paste a transcript of a voice memo about my health before a medical appointment. It may ramble, repeat itself or jump around. Please turn it into a one-page appointment summary with these headings:
1. What I can no longer do (or can only do with help): focus on daily function like work, sleep, cooking, bathing, driving and caring for others, not just pain scores.
2. Timeline: when it started, key changes, and whether it's better, worse or the same.
3. What I've tried and what happened: each thing I tried and whether it helped, didn't help or made it worse.
4. Current meds and supplements: name, dose, how often, and whether it's helping. Only include what I mention.
5. My top 3 questions: the three most important questions, most important first.
6. What I need today: for example a plan, a test, a referral, a med change, forms, or a work note.
Rules: Use my own words where you can. Use short, plain phrases. Keep it to one page, about 250 to 350 words. Do not add symptoms, diagnoses, medications, doses or advice I didn't say. If something is unclear or missing, list it at the end under "Check before the visit" instead of guessing.
Here is my transcript:
[paste your transcript here]

Part 8: When the visit is about pain or pain medicine

This part is about getting heard when you need your pain treated, including when pain medicine is part of the conversation. It is not a taper guide, and it doesn't give medication or dose advice. Those decisions belong to you and your prescriber.

The paradox: more problems, less help

It feels like bringing every condition you have will prove how much you hurt. In my experience it's the other way around. When a doctor gets a long list of problems all at once, they get overwhelmed. You're more likely to be dismissed, or sent off to yet another specialist, which means more cost and more waiting.

As I told Pain News Network: "In general, it sounds good that if you have 60 different problems, maybe they'll take you seriously. But I think it's the other way around." Two or three very significant problems are easier for a doctor to actually act on.

Here's why it backfires:

- The important thing gets buried. A 10-minute story hides the one sentence that matters.
- Every tangent can change the direction of the visit. A side problem can become the whole appointment.
- Every phrase can be read in a way you never meant. Fewer words means fewer chances to be misread.
- The other problems still matter. They just belong with the right doctor, on another day.

> **From my own family:** Someone close to me planned to ask his pain doctor about crashing after he eats and the calluses on his feet. I told him: "Those things matter. But THIS appointment needs to stay focused on pain." He was angry at first. But the visit before that, when we kept it focused and direct, is the one that finally worked.

Lead with the one or two problems that limit you most

- Answer the question actually asked.
- Lead with the most relevant symptom.
- Be honest, but concise.
- Don't bring five unrelated problems when you need one urgent problem handled.
- On a first visit, skip the full history since childhood. Bring the summary instead.
- Leave out what the internet diagnosed you with yesterday.

Bring a one-page, function-focused summary

Use the template in Part 1. For a pain visit, make sure it covers:

☐ The symptoms that matter for THIS visit

☐ What your imaging or tests show (bring the reports)

☐ What you've tried that didn't work, and what happened

☐ What has worked

☐ What you can't do anymore: work, sleep, bathing, driving, caring for others

Keep each medicine to one plain sentence. For example: "Tramadol makes my head feel like it's going to explode." That sentence matters. The 15-minute story you'd usually attach to it does not.

Talking about pain and medicine without sounding "drug seeking"

You don't need to lie or perform. You need to be clear. Direct is not the same as rude.

- **Talk about function first.** "I can't stand long enough to cook" tells a doctor more than a pain number alone.
- **Give your history plainly.** What you tried, what happened, what helped. Facts, not a fight.
- **Say what has helped before.** It's okay to say "This worked for me" and ask what the plan is while you wait for a referral.
- **Let the doctor own the dosing.** Ask about the plan, not a specific number.
- **Stay on the one topic.** Save other problems for another visit or another doctor.
- **Bring a support person if you can.** Someone who can take notes and calmly bring you back to the point.

What to bring

- ☐ Two copies of your one-page summary
- ☐ Your med list, or the bottles in a bag
- ☐ Imaging and test reports (or where they were done)
- ☐ A list of what you've already tried
- ☐ Your priority for today (fill in the box below)
- ☐ A support person, or a way to record notes

Ask for the plan, and any "no", in writing

A tip from a reader that I loved: ask for a refusal in writing. Clinics often act to avoid liability or accountability, and a written answer leaves a clear record.

- "Can you put today's plan in my after-visit summary so I can follow it?"
- "If you're not able to treat this today, can you write down why in my chart and give me a copy?"
- "Which law or policy is that? Can I get that in writing?"

Sometimes "the law" gets blamed for a limit the law doesn't actually set. In my state, I helped write the part of the law that says patients should be treated as individuals. You don't have to know the law to ask a doctor to show you what it says.

Your right to your records

Under the federal HIPAA Privacy Rule, you can ask for copies of most of your health records, including visit notes. Read your notes after a pain visit to check that what you said was written down correctly. If something is wrong, you can ask in writing for it to be corrected. Some states also let you request your own prescription monitoring (PDMP) report. See Part 6 for a fill-in records request.

My pain visit prep

My one priority today *If I only get one thing from this visit, it's:*

The one sentence about what I can't do anymore

What has worked and what hasn't *One plain line each.*

Problems I'm saving for another visit or doctor

> **Want the full story?** I explain more of this, including what happened at that appointment, in my thread: [link to thread]