One-Page Appointment Template

Say what matters in the time you get.

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Appointments go fast. Brain fog, pain and nerves make it easy to forget what you came in to say. This page does the remembering for you. I'm Tamera... a cancer survivor and a chronic pain and disability advocate since 2016. I learned the hard way that "my pain is a 7" doesn't get much done. "I can't stand long enough to shower" does. That's why this template starts with what you can no longer do.

How to use it (about 15 minutes, in pieces is fine)

1. **Fill it in a day or two before.** Not in the waiting room. Short phrases are fine. Spelling doesn't matter.
2. **Lead with function.** What can't you do anymore, or what takes help? Work, sleep, cooking, showering, driving.
3. **Keep the timeline simple.** When it started, and what's changed since your last visit.
4. **List what you've tried.** Include what didn't work. That saves you from being sent back to the start.
5. **Pick your top 3 questions.** Put the most important one first, in case time runs out.
6. **Say what you need today.** A plan, a test, a referral, a form? Saying it out loud helps everyone.
7. **Bring two copies.** Hand one over and say: "I wrote down the important things so I don't forget." Yes, you're allowed to read from the page.

> **Please note:** This template is general information, not medical or legal advice. It helps you share information with your care team. It doesn't replace their advice.

Want the full kit? The One-Page Appointment Kit adds a filled-in example, a low-energy prep checklist, scripts for when you freeze or feel dismissed, an after-visit notes page, a records tip, and an AI prompt that turns a voice-memo ramble into this page. Get it here: [link to kit]

Surviving isn't the same as thriving. You deserve to be heard.

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: _____