



CJD Foundation Doctor's Visit Worksheet

Sometimes families are overwhelmed when they see their doctor and forget to mention important items that they intended to discuss and/or they do not want to mention important changes in front of their loved one. Filling out this worksheet and handing it to the doctor at the beginning of the visit can result in a more informative and less stressful medical visit.

Symptoms	Changes Since Last Visit			How burdensome is this to the patient?					Description
				No Problem	Concerning	Very Difficult			
	Increased	The Same	Decreased	1	2	3	4	5	
Memory problems									
Walking problems/Falls									
Vision problems									
Weakness									
Abnormal movements									
Mood/anxiety									
Hallucinations/Delusions									
Agitation/Irritability									
Sleep issues									
Appetite									
Ability to do things around the home									
Ability to care for oneself									
Problems eating/swallowing									
Incontinence (loss of bowel or bladder)									
Other:									
Other:									
Other:									



Medication	Dose and times taken per day	Given for (illness/symptom)	Side Effects?	Is it working?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Potential questions to consider:

1. What can I expect?
2. Should I consider more care (e.g., hospice, home care, placement)?
3. Is there anything I should be watching for?
4. Have we had all the necessary tests (e.g., EEG, spinal tap, brain MRI)?
5. Other: