



THE SMILE GROUP

GP Checklist

Print off this form or use it to create your own notes to take to the GP. Complete section 1 prior to your visit to the GP and section 2 whilst in your appointment. You can keep the whole document after your appointment as a reference for your next visit.

SECTION 1	
Name:	Appointment Date:
How I am feeling, for example: <i>"I feel like everything is getting on top of me"</i> <i>"I am worried about my baby dying all the time"</i> <i>"I have no energy, I feel low and uninterested in anything"</i> <i>"I can't stop crying"</i>	
If you are struggling with words refer to our symptoms page	
Section 2	
To discuss with your GP (tick as each point is covered)	TICK
How I am Feeling (read above or give to GP)	
What medication is available for me? (if your decision is not to take medication it is always useful to know your options should your opinion change)	
Counselling options – what types of counselling are available and when?	
Follow up date (arrange appointment today)	