

IT'S ALL ABOUT SUPPORT



THE SMILE GROUP

Appointment Checklist

Use this form to explain to health professionals how you are feeling. Complete section 1 prior to your visit 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 feel like everything is getting on top of me"

"I am worried about my baby dying all the time"

"I have no energy, I feel low and uninterested in anything"

"I can't stop crying"

If you are struggling with words refer to our symptoms page on our website

Section 2

To discuss with your health professional (tick as each point is covered)	TICK
How I am feeling (read section 1 or give to health professional)	
What medication is available for me? <i>(if your decision is not to take medication it is always useful to know your options should your opinion change)</i>	
Talk therapy options – what types of talk therapy are available and how long are current waiting lists?	
Follow up date (arrange appointment today)	

Next appointment is:

Notes: