

Make the most of your Doctor visit

Complete this checklist and bring it to your next doctor's visit to make the most of it. This information may help you and your doctor re-evaluate your angina, including appropriate treatments and lifestyle changes so that you can live better with angina.



my HEALTH PARTNER

FOR MORE
INFORMATION
ABOUT
ANGINA



Visit MyHealthPartner Website

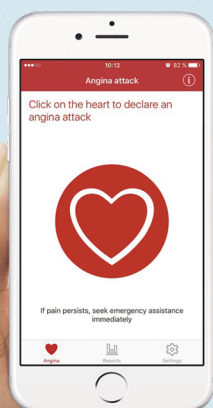
SPEAK UP!

Angina can be different for every person. Take note of what triggers your angina.



TO GET ANGINA UNDER CONTROL

Download the AnginaControl application



BEFORE YOUR VISIT:

1. I had the following angina symptoms in the last month:

- | | |
|--|---|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Chest tightness/pressure |
| <input type="checkbox"/> Left arm pain | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Jaw pain | <input type="checkbox"/> Gastric reflux/pain |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Breathlessness |

How often: _____

When: _____

2. These are the triggers for my angina

- Physical exertion

Type of activity: _____

- Stress/strong emotions
 After a heavy meal
 Cold weather

Other triggers: _____

3. I improve my lifestyle

- Exercise

Type of activity: _____

Duration: _____ Times a week: _____

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Non-smoker |
| <input type="checkbox"/> Heart-healthy food | |
| <input type="checkbox"/> Stress management | |
| <input type="checkbox"/> Blood Pressure (at home) _____ / _____ mm Hg | |
| <input type="checkbox"/> Pulse at home: _____ Beats per minute | |

TAKE CONTROL

Angina medication needs to be personalized. Check with your doctor whether your current medications are adequately relieving your symptoms



Current medications I am taking:

- a) Medication: _____ Number of doses: _____
- b) Medication: _____ Number of doses: _____
- c) Medication: _____ Number of doses: _____
- d) Medication: _____ Number of doses: _____
- e) Medication: _____ Number of doses: _____
- f) Medication: _____ Number of doses: _____

REMINDER: BEFORE YOU LEAVE HOME

- Bring your **completed printed doctor's visit worksheet** with you.
- Bring a **list of questions** to ask your doctor.
- Bring a **friend or family member** to help you make the most of the discussion.
- Bring **all of your medications** (prescription and non-prescription).

REMINDER: DURING YOUR VISIT

- Discuss medication concerns** you have, such as how often, how much, how to take it, how you will cover the cost, and confirm you are taking your medication correctly.
- Follow up with questions** until you understand, and ask for written instructions from your doctor.
- If you and your doctor agree that your angina needs better control, **ask about different treatment options.**
- If you and your doctor agree that you need to improve your lifestyle, **ask for patient leaflets** on how to eat better, how to exercise regularly, how to minimize stress, etc.
- Talk about your goals** for your treatment. Agree on the expectations. (eg, fewer symptoms, improved exercise ability to return to doing what you love).
- Make sure you know **your next follow-up date.**

REMINDER: AFTER YOUR VISIT

- Review your notes** and written information provided.
- Visit the MyHealthPartner website** to better understand angina and improve your lifestyle.
- Keep a symptom diary** with dates or use an online symptom tracker/mobile app, such as the **AnginaControl application.**
- Always **take your medication** as directed.
- Ask your doctor for help if you are **still not getting symptom relief** after 2 weeks.

ESC Working Group on Cardiovascular Pharmacotherapy. *How to Prepare Your Medical Visit: Advice for Angina Patients.* Suresnes, France: Servier; 2020.

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