Appointment Bundle Preview

Everything you need to feel prepared, organized, and confident before any appointment.

This preview includes selected pages from:
• Appointment Prep Workbook
• “What to Say” Scripts
• Specialist Question Banks

The full bundle includes 90+ pages, fillable PDFs, healthcare advocacy tools, and specialty-specific questions.

Appointment Prep Workbook

feel prepared. feel heard. feel ready.

— by Kale Vine —

This workbook is yours.
Use it to prepare, take notes, and advocate for yourself
at every single appointment.

WHAT'S INSIDE

Your health story + symptom timeline
Appointment goals + questions to ask
In-the-room notes + follow-up tracker
Scripts for when you feel dismissed
Tips, reminders, and free notes space

Appointment Prep

Use a fresh copy of pages 4 and 5 for each appointment.

DATE

DOCTOR / SPECIALIST

LOCATION / CLINIC

REASON FOR THIS VISIT

My Goals for This Appointment

What do you most need to walk away with? Name it.

TOP PRIORITY GOAL

SECOND GOAL

THIRD GOAL

ANYTHING I AM WORRIED ABOUT GOING INTO THIS APPOINTMENT

When You Feel Dismissed

Feeling dismissed does not mean you are wrong. It means you need a different approach, more information, or a different doctor.

Scripts to Use in the Room

To push back gently:
"I hear you. Can you help me understand why my symptoms would not point to [X]?"

To ask for documentation:
"Can you note in my file what we discussed today and what the plan is from here?"

To ask for a referral:
"I would feel more comfortable getting a second opinion or seeing a specialist."

If you feel rushed:
"I have a couple more questions — I want to leave with a clear plan."

What to Do After

- Write down exactly what was said while it is fresh.
- Request a copy of your visit notes — you are entitled to them.
- Bring someone to your next appointment as a second set of ears.
- Seek a second opinion. You do not need permission to do this.
- Contact the Patient Relations office if your concerns were ignored.

MY NOTES ON THIS APPOINTMENT + WHAT I WANT TO DO NEXT

Specialist Question Banks

Know exactly what to ask before you walk in the door.

Rheumatology · Neurology · Chronic Pain
Gastroenterology · Cardiology · Endocrinology
Immunology · Women's Health · Mental Health
Dermatology · Nephrology · Any Specialist

$12

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How to Use This Guide

Before any specialist appointment, flip to that specialty's section. Check the questions that apply to your situation. You do not need to ask all of them. Picking 4 or 5 focused questions gets better answers than trying to cover everything.

The checkboxes are interactive. Open this PDF on your phone or tablet before your appointment, check your questions, and use the notes field to write what you want to remember.

PRO TIP
Screenshot your checked questions and keep your phone open in your lap. Doctors see prepared patients every day. Reading from your screen is not embarrassing. It is smart.

Each section also includes a "red flag" box: symptoms and situations you should always bring up proactively, even if the provider does not ask.

A note on "why ask this": underneath each question, you'll find a brief explanation of what the answer tells you, and why it matters. This helps you evaluate the response you get.

My notes

Rheumatology

Autoimmune, joints, lupus, RA, fibromyalgia, Sjogren's, connective tissue disorders

ALWAYS MENTION THESE PROACTIVELY

Facial rash or butterfly rash across your cheeks

Hair loss, mouth sores, or unexplained fever

Raynaud's (fingers/toes turning white or blue in cold)

Dry eyes or dry mouth that is persistent

Chest pain or shortness of breath with exertion

- [ ] "What autoimmune condition are you testing for or ruling out, specifically?"
  Forces a clear answer rather than vague "we're looking into things." Knowing the name helps you research and track.

- [ ] "My ANA came back [positive/elevated]. What does that tell you, and what does it not tell you?"
  ANA alone means very little. A good rheumatologist will explain what additional markers they need to see.

- [ ] "What is the difference between a flare and my baseline, and how do we measure that?"
  Establishing your baseline is essential for tracking disease progression and evaluating treatment effectiveness.

- [ ] "Which inflammatory markers are most relevant to my situation, and are they currently elevated?"
  ESR, CRP, anti-dsDNA, complement levels (C3/C4) vary by condition. You want to know which ones apply to you.

- [ ] "Is fibromyalgia a diagnosis of exclusion, and have we excluded the relevant conditions?"
  This question ensures fibromyalgia is not being used to stop investigating when a more specific diagnosis is possible.

- [ ] "What imaging would be most useful for my joints or affected areas?"
  X-rays miss early joint damage that MRI or ultrasound catch. Worth asking what they're using and why.

- [ ] "Are there disease-modifying medications we should be discussing, and what is the timeline for starting them?"
  DMARDs like hydroxychloroquine work better when started earlier. If relevant, this question gets the clock moving.

“What to Say” Scripts

Word-for-word scripts for every hard moment in healthcare.

Appointments · Dismissal · Referrals · Follow-Ups
Portal Messages · ERs · Second Opinions
Caregiver Scripts · 30 Scripts in Total

$10

by Kale Vine · kalevine.com · @kalevine_

How to Use This Guide

These scripts are built for one purpose: to give you the exact words when your brain goes blank, when you feel rushed, when you feel dismissed, or when you just don't know how to start.

You don't need to memorize anything. Screenshot the page that applies to your next appointment, or print it and have it in your lap. Doctors see prepared patients every day. You are allowed to read from notes.

Each script includes the exact words to say, why it works, and space to write your own version. The fill-in boxes are interactive, type directly into this PDF on any device.

> **PRO TIP**
> Fill in your personalization page (next page) before your appointment. Having your diagnosis and doctor's name already written in makes these scripts feel like yours, not a template.

A note from Kale:

I wrote these after years of sitting in waiting rooms, feeling dismissed, leaving appointments with no answers, and wishing I had known what to say. These are the scripts I wish I had. They are not aggressive. They are not demanding. They are just clear, calm, and direct. Which is all you need to be heard.

You are the expert on your own body. These words are just the door.

My notes

When You Feel Dismissed

The most important scripts in this guide.

Dismissal in healthcare is common, especially for women, chronically ill patients, and those with conditions that are hard to see on tests. These scripts don't escalate. They restate. They document. They require a response.

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I hear that you don't think it's [X]. I'm not asking you to agree with me. I'm asking what you think it could be, because this is seriously affecting my daily life.

WHY THIS WORKS

You're not arguing, you're redirecting. This separates "you're wrong" (defensive) from "help me understand your thinking" (collaborative). Most providers will engage with the second framing.

Variations:

- "If it's not [X], what do you think we should be looking at?"
- "I'm not attached to a specific diagnosis. I just need us to have a plan."

My notes

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Can you document in your notes today that I mentioned [symptom/concern]? I want to make sure it's on the record.

WHY THIS WORKS

Creating a paper trail changes the dynamic. When providers know something is documented, they engage differently. It also protects you if you need to escalate later.

Variations:

- "I'd like a copy of today's visit notes when they're available."
- "Can you note that I've raised this concern at multiple appointments?"

You deserve to be heard.

Bundle Value: $37

Bundle Price: $28

Created by Kale Vine

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