Complete Care Kit Preview

A complete support system for navigating appointments, chronic illness, brain fog, flare days, symptom tracking, and self-advocacy.

This preview includes selected pages from the Complete Care Kit so you can explore the layout, structure, and tools included before purchasing.

Includes:

- Appointment Prep Workbook
- “What to Say” Scripts
- Specialist Question Banks
- Medical Binder
- Symptom Tracker + Pattern Log
- Brain Fog Planner
- Flare Day Toolkit

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

“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

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Starting Your Appointment

The first 2 minutes set the tone. Use these.

Research consistently shows that doctors interrupt patients within 11 seconds of them starting to speak. These scripts help you get your most important concern on the table before that happens.

1

Before we get started, I want to make sure we have time for my main concern today. It's [brief description]. Can we make sure we cover that?

WHY THIS WORKS

Stating your priority at the start redirects the appointment before the provider sets their own agenda. It's collaborative, not confrontational, you're asking, not demanding.

Variations:

- "My main concern today is [X]. Everything else is secondary to that."
- "I have a list, but the one thing I need to leave here with addressed is [X]."

My notes

2

I've been tracking my symptoms and I have three things I want to cover. The most important one is [X]. Can I walk you through it?

WHY THIS WORKS

Saying "three things" signals you're organized and focused. Providers are more attentive when they know there's a structure. Leading with your priority ensures it gets covered.

Variations:

- "I made a quick list, there's a lot going on, but the main one is [X]."
- "I know time is short. Can I give you the 60-second version of what's been happening?"

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.

6

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

7

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?"

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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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.

Neurology

Headaches, migraines, brain fog, MS, nerve pain, tremors, numbness, seizures

ALWAYS MENTION THESE PROACTIVELY

Sudden severe headache unlike any before ("thunderclap")

Vision changes, drooping, or facial weakness

Sudden confusion, memory loss, or speech difficulty

New weakness or numbness on one side of the body

Loss of bladder/bowel control

- [ ] "Is what I'm experiencing neurological in origin, and what evidence leads you to that conclusion?"
  Neurological symptoms are often attributed to anxiety or stress. This question requires a clinical justification.

- [ ] "What imaging do you recommend, and why that type specifically?"
  MRI vs CT, with vs without contrast, of brain vs spine -- these distinctions matter. Ask for the reasoning.

- [ ] "Could these symptoms be related to my other diagnoses or medications?"
  Polypharmacy and systemic conditions like lupus or diabetes have neurological manifestations. Cross-referencing is essential.

- [ ] "Is this a condition that progresses, and if so, what does the typical trajectory look like?"
  You deserve to know if this is static, episodic, or progressive. That information changes how you plan your life.

- [ ] "What is the plan if this treatment doesn't work, or if my symptoms get worse?"
  Always establish the next step before you need it. Neurology often involves trial-and-error; knowing the path helps.

- [ ] "Are there any medications I take that could be contributing to or worsening my neurological symptoms?"
  Many medications affect the nervous system. This question prompts a medication review.

- [ ] "Can you explain what a positive or abnormal result on this test would mean for my care?"
  Test results without context are useless. You need to know what changes if something comes back abnormal.

MY MEDICAL BINDER

You should not have to piece your health story together from memory.

This binder keeps it all in one place.

Created by Kale Vine | kalevine.com

WHAT IS INSIDE

- Personal Profile + Emergency Contacts
- Healthcare Team Directory
- Full Medical History
- Current Medications + History
- Allergies and Adverse Reactions
- Symptom Tracker + Flare Log
- Appointment Prep Sheets
- Appointment Notes Log
- Lab Results Log
- Imaging and Procedures Log
- Advocacy Notes (what works, what does not)
- Insurance and Claims Tracker
- My Progress and Wins

This binder is for personal organization only. Always follow your healthcare team's guidance.

MY HEALTHCARE TEAM

Every specialist, therapist, and care provider in one place.

Your team should know about each other. This list helps you coordinate. Bring it to every appointment.

Provider Name	Specialty	Clinic / Hospital	Phone	Email	Next Appointment

Notes about my team: who refers to who, who I trust, who to call first

CURRENT MEDICATIONS

Carry this everywhere. This list matters in an emergency.

Update this every single time a medication changes. Bring it to every appointment, every ER visit, and every procedure. Medication errors are preventable. This list is your protection.

Medication Name	Brand Name	Dose	Frequency	Route	Start Date	Prescribing Doctor

Purpose notes: what each medication treats or manages

SYMPTOM TRACKER

& PATTERN LOG

Track what your body is telling you.

Find the patterns. Advocate with data.

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WHAT IS INSIDE

- How to use this tracker (read this first)
- My Body Baseline: your personal starting point
- Daily Symptom Log: 11 body systems, rating scale, notes
- Triggers + Patterns Log: what makes things better or worse
- Sleep Quality Tracker: the #1 overlooked chronic illness factor
- Medication + Treatment Response Log
- Flare Event Log: document every flare with detail
- Monthly Symptom Overview: see the big picture
- What to Bring to Your Appointment: a summary sheet
- My Advocacy Notes: what works, what does not, what to try next

For personal use only. Not a substitute for medical advice. Always work with your healthcare team.

DAILY SYMPTOM LOG

Fill this in at the same time each day. Evening works well for most people.

Date

Day of week

Sleep last night (hours)

Wake ups

Sleep quality (0-10)

Overall energy today (0-10)

Overall pain today (0-10)

Overall mood today (0-10)

SYMPTOM RATINGS (0 = none | 10 = worst ever for you)

Pain: location and severity

None 10 = Worst

Fatigue / exhaustion

None 10 = Worst

Brain fog / cognitive difficulty

None 10 = Worst

Nausea / digestive symptoms

None 10 = Worst

Headache / head pressure

None 10 = Worst

Joint stiffness or swelling

None 10 = Worst

Muscle weakness or aching

None 10 = Worst

Shortness of breath / chest tightnes

None 10 = Worst

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DAILY SYMPTOM LOG: CONTINUED

This page is for deeper notes when you need more space.

Date (must match your main log)

Reference entry number or week

FLARE WATCH: CHECK IN

Is today potentially the start of a flare? Use this section if something feels off or if your ratings are notably higher than your baseline.

Is this a flare day? (Yes / No / Unsure)

Day of flare (e.g., Day 1, Day 3)

Flare symptoms: what is happening that is different from your normal

Possible triggers or contributing factors for today

MEDICATIONS + TREATMENTS TODAY

List every medication, supplement, or treatment you used today and whether it helped.

Medication / treatment #1

Did it help? (Yes / No / Partially)

Medication / treatment #2

Did it help? (Yes / No / Partially)

Medication / treatment #3

Did it help? (Yes / No / Partially)

Medication / treatment #4

Did it help? (Yes / No / Partially)

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BRAIN FOG PLANNER

A gentle structure for the days your brain just will not cooperate.

You are not broken. Your brain is dealing with something real.

Created by Kale Vine | kalevine.com

WHAT IS INSIDE

- What brain fog actually is: the science, explained simply
- My Brain Fog Profile: what it looks like for you specifically
- My Cognitive Baseline: your personal reference point
- Daily Gentle Structure Planner: low-demand, low-decision
- The Task Simplifier: break anything into smaller steps
- My Memory Aids System: build one that actually works
- Cognitive Load Tracker: identify your highest-cost mental tasks
- Brain Fog Communication Scripts: for doctors, people, and work
- Weekly Cognitive Overview: see patterns over time
- My Brain Support Toolkit: what helps your brain most

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DAILY GENTLE STRUCTURE PLANNER

A low-demand framework. You do not have to figure out what comes next.

This planner is designed for brain fog days. It is not a productivity system. It is a structure that takes decisions off your plate so your limited cognitive energy can go toward what actually matters. Fill in only what you need. Skip what you do not.

Date

Brain fog level today (0-10)

Sleep last night (hours and quality)

How I feel waking up (brief description)

The one thing that would make today feel okay (just one, keep it small)

MORNING BLOCK (my best cognitive time, protect it)

Task 1: what needs the most thinking (keep it short)

Task 2: second most important (optional)

Break planned at

Break type (rest, food, movement, quiet)

MIDDAY BLOCK (moderate demand, simple tasks only)

Task 1: low-demand, low-decision

Task 2: optional, only if energy allows

What I will eat today (pre-decide so I do not have to think about it during the day)

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THE TASK SIMPLIFIER

Break anything into small enough pieces to actually start.

Brain fog makes tasks feel impossibly large. The task simplifier works by breaking any task into steps that require only one decision or one action each. The goal is to get the task small enough that you can start, because starting is often the hardest part.

Instructions: Write a task you need to do. Then break it into steps. Aim for 5 to 8 steps max. Each step should be one action that takes under 5 minutes.

TASK 1

Task: what needs to happen?

Step 1: the very first physical action (e.g., open laptop)

Step 2

Step 3

Step 4

Step 5

Step 6: add more if needed

Time estimate total

Cognitive demand (low, medium, high)

TASK 2

Task: what needs to happen?

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FLARE DAY TOOLKIT

For the days when your body needs you to slow all the way down.

You are not failing. You are flaring. There is a difference.

Created by Kale Vine | kalevine.com

WHAT IS INSIDE

- Understanding flares: what they are, why they happen
- My Early Warning Signs: catch it before it peaks
- My Flare Severity Scale: so you know where you are
- My Emergency Comfort Plan: open on day 1 and follow it
- Gentle Flare Day Routine: a soft structure for hard days
- What Helps / What Hurts: your personal flare first aid
- Communicating During a Flare: scripts for people in your life
- Flare Event Log: track every episode with detail
- Flare Recovery Tracker: map your way back to baseline
- Post-Flare Debrief: learn from every episode

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MY EMERGENCY COMFORT PLAN

Open this page on day one of a flare. Follow it without overthinking.

This is the page you fill in when you are well, so you do not have to think when you are not. Keep it honest and specific. Vague instructions are not helpful when you are in pain and your brain is not working properly.

STEP 1: WHAT TO STOP IMMEDIATELY

Everything I put on hold during a flare (work, obligations, social plans, etc.)

STEP 2: PHYSICAL COMFORT

Heat or cold therapy: what helps, where, for how long

Position / rest setup: where I am most comfortable, what I need around me

Clothing and sensory adjustments: what I change or remove

STEP 3: MEDICATIONS AND SUPPLEMENTS

What I take on day 1 of a flare (list each, dose, timing)

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GENTLE FLARE DAY ROUTINE

Structure reduces decision fatigue. You need that most on your worst days.

A flare day routine is not about productivity. It is about the minimum viable care that keeps your body supported and your nervous system calm. This is not the day to catch up on anything. This is the day to be as gentle as possible.

MORNING (SLOW START)

My gentle morning routine on a flare day (keep this minimal, 3 to 5 steps only)

My one intention for today (just one small thing that would feel like enough)

MIDDAY (REST AND NOURISH)

What I aim to do midday on a flare day (rest type, food, gentle movement if any)

What I give myself permission to skip on a flare day

AFTERNOON (COMFORT FOCUS)

Comfort activities that feel manageable (low stimulation, low energy)

EVENING (WIND DOWN)

For personal use only. Not a substitute for medical advice.

You deserve support systems that actually support you.

The Complete Care Kit was designed to help make healthcare feel less overwhelming, more organized, and easier to navigate.

Complete Bundle Value: $96
Bundle Price: $65

Created by Kale Vine
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