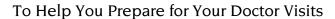
PACE Guide Sheet





Your Name:	Doctor:	
Appointment date:		Time:
 Remember: ✓ Bring a list of all your medicines, including over-the-counter medicines, dietary supplements, vitamins and herbs. ✓ Ask for a copy of test results or reports about procedures (such as ECG). 		
Reason(s) for the appoin	tment:	Questions about your condition:
		-
		Questions about your tests or procedures:
Describe your symptoms	and concerns:	
		Questions about your medicines:
What you hope can be do	one to help vou:	Questions about other treatments:
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During the visit, clarify what you hear:

- ✓ If you don't understand something, ask the doctor to explain.
- ✓ Repeat the doctor's instructions using your own words.
- ✓ At the end of the visit, review what you and the doctor agreed upon.