



Bòrd SSN nan Eilean Siar NHS Western Isles

My journey to diagnosis



Please bring this with you to each appointment

Pilot Project

This guide is currently being tested as to whether it would be of benefit to NHS Western Isles patients, their families and carers before a diagnosis is given.

All comments/feedback you provide are important and will help us to identify whether this resource will continue to be used and, if so, what additions/amendments should be made.

Comments/Feedback for this guide should be sent to:

Denise Symington
Patient Focus & Public Involvement
NHS Western Isles
37 South Beach Street
Stornoway
Isle of Lewis
HS1 2BB

Tel: 01851 708041 Email: denise.symington@nhs.net

Any comments should be should be made by no later than:

May 31, 2016

However, if you would like to offer comments/feedback on how we can improve this guide after this date, this would be welcomed.

We understand how difficult it can be to understand and process all the information you may receive at your clinical appointments.

This guide is to help you record the information you receive at each of your clinical appointments before a diagnosis is given.

The following sections will help you record information given to you, or that you may be asked, during your clinical appointments:

- your personal details
- your medical details
- any prescriptions or medications you are currently taking (if requested, your GP may be able to provide you with a printout of your medications)
- future appointment details
- contact names and numbers.

It is important to note that during your appointments you will be discussing possible illness and testing options, so you may not be able to fully comprehend or remember to write down all the information you receive.

You may find it invaluable to have a friend or family member with you so that they can help support you and write down the information you receive on your behalf.

At any time if you require assistance, or have any questions, please do not hesitate to ask.

MY DETAILS

Name:	
Address:	
Date of Birth:	
	LOCAL INFORMATION
GP:	
GP Practice:	
Tel. No.	
Local Consult	ant:
Specialist Nu	rse:
Hospital Tel. I	Vo
	MAINLAND INFORMATION
Hospital:	
Mainland Cor	nsultant:
Hospital Tel. I	Vo.

APPOINTMENTS

Date	Time	Location	Appointment Detail

MEDICATION INFORMATION

Name:	Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	
Name	Amounting.
No. taken each day:	
When taken each day:	
Taken for:	
Name:	Amount/Mg:
	Amount/Mg:
No. taken each day:	-
No. taken each day:	
No. taken each day: When taken each day:	
No. taken each day: When taken each day: Taken for:	
No. taken each day: When taken each day: Taken for: Name:	
No. taken each day: When taken each day: Taken for: Name: No. taken each day:	Amount/Mg:

MEDICATION INFORMATION

Name:	Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	
No. taken each day:	
When taken each day:	
Taken for:	
Name:	Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	

Date:		Meeting with:
At this	appointment it v	vas explained to me that
Date:		Meeting with:
At this	appointment it v	vas explained to me that
Date:		Meeting with:
At this	appointment it v	vas explained to me that

Date:		Meeting with:
At this	appointment it v	vas explained to me that
Date:		Meeting with:
At this	appointment it v	vas explained to me that
At this	appointment it v	vas explained to me that

Date:	Meeting with:
At this appointment it v	vas explained to me that
Date:	Meeting with:
At this appointment it v	vas explained to me that
Date:	Meeting with:
At this appointment it v	vas explained to me that
1	

Date:		Meeting with:
At this	appointment it v	vas explained to me that
Date:		Meeting with:
At this	appointment it v	vas explained to me that
Date:		Meeting with:
At this	appointment it v	vas explained to me that

Notes

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at: www.patientopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

Date Produced: December 2015 Review Date: May 2016
Produced by: Patient & Health Information Group, NHS Western Isles.

(Pilot project October 2015-May 2016).

Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you interpret any of this information, or in applying the information to your individual needs.

© NHS Western Isles, 2015. All rights reserved.