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How To Make The Most of Your Doctor Visit (updated 7/27/20)

Condensed & adapted from a special issue of Parade Magazine 9/30/07

Comments in *italics* are my own and not from Parade

Your insurance company will only pay your doctor for a limited amount of office time to work on your problems and no doctor can afford to regularly give patients more time than he or she'll be paid for. We summarized the following information from a special issue of Parade Magazine, of its editors recommendations for information for you to collect BEFORE your doctor visit, questions to ask AT your doctor visit, and things to be sure to do AFTER your doctor visit to get the most benefit from the time the doctor is able to give you.

Before Your Doctor Visit: Gather the Facts:

Bring a detailed list of your current medications, including prescription drugs and any over-the-counter medicines or herbal medications you may have been taking. If you can't list everything exactly or aren't sure, bring everything you're taking in a plastic bag, in addition to a list.

If you can get them easily, bring copies of your latest X-ray or MRI reports or any other test results, including reports from other specialists you've seen. For results for which you don't have copies of the report, bring contact information for the doctor, radiology office, lab, hospital or other place that has the original records, as copies made from copies made from copies get hard to read. Most important are phone and fax numbers so we can fax your authorization to release the records and call if we don't get what we need. Try to bring contact information for reports that you do have, too, if it isn't on the report.

Bring a list of all your other medical conditions and problems, both current (active) and previous (inactive or resolved). Write down what helped and what was tried but didn't help for each one. For each active problem, tell us what's being done for it and how well or poorly it's being controlled. Write down any treatment that made you worse or caused reactions or other problems. Write down which of your medical conditions tend to run in your family and also any other conditions or treatment complications (like drug allergies) that tend to run in your family. List your own confirmed allergies, suspected allergies, and any other allergies that tend to run in your family. Bring a list of all doctors or other health professionals who are treating you now or who have treated you in the past 5 years, with contact information (phone & fax).

Insurance and referrals:

Bring cards for all your medical insurance. If you have more than one insurance, something you need that isn't covered by one may be covered by another. Bring referrals if you want us to see you under an insurance plan that requires referrals.

List your problems in order of importance and urgency:

Whenever you come for an office visit bring a list of your concerns for that visit, in order of importance with the most important to address at that visit first. We may feel that something else should be moved up to one of the top three places on the list, but we will give you a reason if we believe that this should be done. Expect to be able to address about three problems at one visit, more or less depending on how complex they are. We may be able to give you temporary relief of others until we can address them in greater detail at another visit. If you wait until the end of the visit to tell us about the problem that's the most serious or the most urgent, there is no way we'll be able to give it the attention it deserves.

Genetics matter too. Gather information on the medical background of every member of your family. (For more on how to create a family tree on medical conditions, see following article.)

If you have diabetes: Record your daily blood sugar measurement and bring along your log.

If you have high blood pressure: Get a series of readings at home during the week prior to your visit so your doctor can gauge whether your numbers have spiked just because you are in a busy medical clinic—a phenomenon known as “white coat hypertension.”

Prepare Yourself before your visit:

If you have medical insurance, be sure to take any insurance cards you'll need to present at the office for reimbursement.

If your condition is complicated or you are trying to make serious decisions about your health and can get overwhelmed easily, consider bringing along a family member or friend to your appointment. Your “appointment buddy” can help take notes, ask questions and give you support. Set some rules ahead of time: Do you want him or her to step outside during the physical examination? Can sensitive personal information be openly discussed? How proactive should he or she be?

Then sit down and think about what you want to get out of the visit. This is the time to understand that your 15 minutes cannot address everything. You may have five or six issues on your mind, but realistically you are going to have time to deal with, at most, your top three. Decide what these are before going in. Consider making a second appointment if you believe your issues are complicated or so numerous as to require the extra time. *The amount of time a physician can spend with any one patient is limited by insurance fee schedules, which determine the number of new & returning patients the doctor must schedule every hour if he or she is to recover the costs of maintaining the staff, equipment, supplies and facilities needed to give appropriate care.*

The important point is to set your own priorities for the visit before you walk into the office.

Seeing the Doctor: Your Time To Be Heard

Show up a few minutes early and be prepared to fill out some forms.

Now is your time to be heard, but you also have a job to do. Start with your most pressing questions right away, the ones you've thought about beforehand. This is not the time to be shy. Like many physicians, I often find patients waiting until the very last minute to bring up important matters that are frightening or perhaps embarrassing. “Oh, and by the way, Doc...” is how this part of the conversation often begins, but by then, there's almost no time left before the next patient's appointment.

When recounting your symptoms, be as specific as you can. Your doctor will guide you with questions, but try to be accurate: When exactly did the pain start? What part of the body is affected most? How long does the pain last? Be as descriptive as possible: Is the pain sharp? Does it have a burning quality, or is it dull? Try to remember and report colors, smells, intensity. *During which months are your sinuses most congested? Do they get better when it's cold enough that the ground is frozen? Do you cough more with exercise, when lying down or just after getting up?* Every bit of information is important in order to get to the bottom of your condition.

While you are talking, your doctor is already forming a list of possible diagnoses in her mind, taking into account your symptoms, personal history and lifestyle, family history and other factors.

You've done your job as a patient. Now it's the doctor's turn. You should expect to leave your appointment with answers *or progress toward finding answers* to three questions: What's wrong? Why? What can be done about it? In reality, your doctor may not have the definitive answers yet. Tests may be ordered and follow-ups scheduled. But you should at least be given an idea of what the doctor thinks is going on and what treatments may be possible.

You need to understand what the doctor is saying. If it's information and a treatment plan that are new to you, they will probably be confusing. *However, your doctor won't know which parts confuse you unless you tell him.* you find things confusing, you are not alone. *Your doctor may need to use unfamiliar medical terms to*

describe exactly what's happening and what can be done to manage it. You will probably learn to understand these terms as you learn efficient day-to-day management of the problem, but this is like any other learning process and takes time and training. Ask the doctor and staff to make it simple and clarify what you don't understand. If you still don't understand, ask again. If you think it would help, ask to have it explained to you with pictures or illustrations. If you get home and discover that you don't understand how to take your medicines, call. This is your body, your life, and you have a right to know.

After the Visit: Follow Up

If your doctor prescribed medications, get them filled and start taking them right away. If at any point you have questions, you should call the office. And if you want to learn more on your own, make use of the Internet: A few Web sites with good general information are: mayoclinic.com, familydoctor.org and medlineplus.gov.

As you leave the office, be sure you've scheduled a follow-up appointment, if necessary. Don't wait until you get home—you may forget. Finally, use what you've learned to take better control of your health and start preparing for the next appointment.

Know What To Ask:

If your doctor recommends a certain procedure, you should find out:

- Why do I need it?
- How is it carried out?
- How risky is it?
- Is there an alternative?
- Who is going to do it?
- Where will it be done?
- How fast will I get back to normal life?

Know Your Family Health History:

Did your mother have diabetes? Did your father suffer from heart disease? Was there an aunt who was depressed? A brother who has cancer? You—and your doctor—need to know these things.

Your family medical history is also your genetic history, and it can be a very useful tool for you and your children in achieving good health. A detailed family medical history allows you and your doctor to:

- Observe patterns and identify conditions and risks before they affect you.
- Prepare, plan or take steps to avoid these conditions.
- Decide what tests may be needed to come to a diagnosis.
- Identify other family members who may be at risk and calculate your chance of passing certain diseases to your children.

How do you put together a family history? Use a family gathering (a major holiday like Thanksgiving is a good opportunity) to interview family members about their health. Try to get information about as many generations as possible. Include parents, grandparents, aunts, uncles, nieces, nephews, siblings and children, if you can. Half-brothers and half-sisters are also important, because they too share some of your DNA.

Talk about cancer, heart disease, diabetes, high blood pressure and kidney disease. *Talk about asthma,*

sinusitis, allergies and any uncommon or unusual diseases or conditions that tend to run in your family. Try to get specific information: What kind of cancer? At what age was it diagnosed? Did the relative die? At what age?

No medical fact is unimportant. Even seemingly benign problems, like allergies, run in families and can influence your chances of getting more serious conditions.

Don't forget to ask about blood relatives who suffer from mental health problems. Many mental health conditions, including schizophrenia and depression, run in families.

Ask about family members who died in infancy, about miscarriages and stillbirths. Inquire about birth defects. Dig deeply. At the same time, respect a relative's need for privacy and use some tact.

Once you've gathered all the information, it's time to create a family tree. This can be an actual tree with many branches or a simple list. Put yourself in the middle and note any diseases or conditions affecting each person. Also indicate: male or female; dead or alive; age; age at death. You may wish to use a computerized tool, called "My Family Health Portrait," to create your family tree. Developed by the U.S. Department of Health and Human Services, it can be completed at www.hhs.gov/familyhistory, then printed out.

It's worth taking the time to learn more about your relatives' health. As former U.S. Surgeon General Richard H. Carmona said: "The bottom line is that knowing your family history can save your life."

Take Your Medicine the Right Way (original Parade article by Leslie Pepper)

Three-quarters of Americans admit to not always taking their prescription medicines as directed, according to a report by the National Council on Patient Information and Education. "If you don't take medicines as your doctor intended, you may not get better, and you may even get worse," says Ilisa Bernstein, director of pharmacy affairs at the FDA. Here's how to make sure your medicine goes down the right way:

Be honest with your doctor. Discuss any allergies or problems you've had with a medication before. Also, give a rundown of all the medicines you're taking—prescription or over-the-counter. Mention supplements too: Herbs are natural, but they may lead to drug interactions. Ginkgo biloba can increase the risk of bleeding if taken with aspirin or medications that have anticoagulant properties. Antidepressants shouldn't be combined with St. John's wort. Even vitamins and minerals may not mix well with certain meds: Thyroid medicine binds to iron and won't be absorbed if taken with an iron supplement. Something as simple as an antacid may block other drugs from being properly absorbed.

Come clean about your health habits as well. Smoking cigarettes can change the way your medicines work and can exacerbate any side effects. Mixing alcohol with particular meds can have serious consequences: Three or more drinks a day can lead to liver damage when paired with acetaminophen and can lead to stomach bleeding when paired with ibuprofen.

Don't be embarrassed to ask for clarification. People confuse medications in countless ways, says Lisa Chavis, author of *Ask Your Pharmacist*. "One mother tried to refill a 10-day supply of her toddler's liquid antibiotic after only two days. She told the pharmacist that every time she poured a teaspoonful into the baby's ears, it came right back out." That's because the medication was supposed to be taken by mouth!

Research shows that patients forget more than half of the information they're told right after they hear it, so bring a pen and paper into the doctor's office. Discuss with your doctor exactly how you should take your medicine, what time of day you have to take it and for how long. Ask what you should do if you forget a dose: Skip it? Double up the next time? *Ask which medicines (if any) can be safely reduced or stopped if you're feeling better and which ones you should finish unless they seem to be causing problems (in which case you should always call).*

For liquid medicines the dosing device that comes with medicine is usually the most accurate. *Kitchen measuring spoons are probably OK if you can accurately pour a level spoonful and if you lick any leftover medicine off the spoon.* “Household teaspoons hold from 3 milliliters to 7.5 milliliters in size,” says Jan Engle, a pharmacy professor at the University of Illinois College of Pharmacy, *and are not accurate enough to measure liquid medicines.*

Double-check the label. A doctor’s sloppy handwriting can lead to mistakes, says a report from the Institute of Medicine (IOM). Before leaving the doc’s office, jot down the name of the medicine prescribed and why your doctor prescribed it. It’s also a good idea for the doctor to confirm this on the prescription pad (for example: “Pepcid, for acid reflux”), says Chavis. Look at the label after it’s filled and speak to the pharmacist if the names of the drugs don’t match. He may have substituted a generic for the brand-name drug. *(Note that generic substitution is usually OK for most medications for most people.)*

It’s wise to use the same pharmacy to buy all of your medicines *so your pharmacist can check for duplications if you’re getting prescriptions from more than one doctor, and for drug interactions.*

Understand the side effects. Yes, you really are supposed to read and keep the inserts that come with your drugs, says Lisa Bernstein. “These inserts tell you what the drug is meant for, the side effects to expect and any potential interactions.” If you can’t bear to wade through the small print, ask your physician or pharmacist detailed questions. Have him highlight the most common side effects, when to call if you experience any of them, how soon you should start to feel better and what to do if you don’t notice any change. Also, find out if you should avoid certain foods and/or beverages. *Grapefruit and grapefruit juice, for example, can slow many people’s elimination of a number of different drug, which can build up to unsafe levels in genetically susceptible people.*

Managing the risk of side effects that are bad but also rare:

TV ads for super-expensive brand name drugs always list rare side effects that are worse than the disease while playing soothing music and showing soothing pictures. Regular drugs that aren’t advertised on TV have the same risk-benefit balance: If properly prescribed they’re much more likely to help than to hurt, but nothing is totally risk-free.

If you’re concerned by the list of possible side effects in the information that comes with your prescription, ask to discuss them with the Dr who wrote the prescription. What is my risk of having bad side effects? Are there early warning signs that will let us stop the drug in time to prevent them? If I suspect them, should I just stop it or wait to discuss them with you? Are there alternative treatments likely to give me the same benefit but with less risk? Are they those super-expensive drugs that insurance can refuse to cover unless I’ve tried and failed on less expensive treatments?

.Don’t assume that more is better. If two tablets haven’t helped your hammering headache, another two aren’t likely to do any better. Most drugs have what’s called a “ceiling effect,” in which the body’s drug receptors reach their limit. “Exceeding the maximum dose only causes the drug to affect receptors elsewhere in your body, leading to unwanted side effects,” says Patrick J. McDonnell, associate professor of clinical pharmacy at Temple University School of Pharmacy in Philadelphia.

Don’t go above the maximum *recommended* daily dose of any medication—and be careful of hidden ingredients. Acetaminophen, for example, is found in many prescription painkillers and in a number of multi-symptom cough and cold medicines. “When these drugs are taken together, patients may unknowingly overdose,” says McDonnell.

Never take another person’s prescription. Just because your throat is achy and you’re having trouble swallowing doesn’t mean you have the same strep throat as your husband. Even if you do, doctors take into account your age, weight, existing medical conditions and other drugs you’re on before writing a script. You may be allergic to that drug, or you may be taking a dose that’s suitable for him but not for you. And don’t beg your doctor for an antibiotic! Not only will it not clear up a cold, but the next time you actually need an antibiotic, it might not work *because your digestive and upper respiratory tracts have been colonized by germs*

that are resistant to any antibiotics to which you've recently been exposed.

Be diligent about organization. Take doses at the same time every day so it becomes a habit. Set the alarm on your watch or cell phone to help you remember. You also can keep pill bottles near an object you use daily—like a coffee maker or an alarm clock. If you feel yourself getting confused about what to take and when, speak to the pharmacist. If you take multiple medications buy an inexpensive pill sorter with compartments for different days or even different times of day. There are online pharmacies that will color code the bottles or put symbols on them—a sun for a pill you take in the morning and a moon for bedtime pills.

Give Your Meds A Checkup:

Store your medicines in a cool, dark and dry place—a bedside table or a shelf in a closet—and examine them at least once a year.

Look at expiration dates. *The FDA sets an expiration date up to which if the medicine looks OK and has been stored properly, each dose should contain at least 90% of what's on the label. The Department of Defense likes to store supplies for armies in trailers in different parts of the world, and wondered if they could safely do so with medicines along with other supplies and equipment. In 2003 they published the results of an assay of the activity of a large number of commonly used meds after five years of trailer storage and five years after their FDA-set expiration date. They found for almost all meds tested that if the medicine looks OK, you could count on it containing at least 70% of labeled drug activity and they found no toxic breakdown products. However, there are a few exceptions so ask your doctor about EACH of your medicines. Whether it's safe to rely on a medicine that may have as little as 70% of labeled activity also depends on what that medicine is supposed to do. If you have medicines that look OK and have passed their FDA expiration date but by less than 5 years, ask your doctor if they're still OK for you to use.*

Throw out medications that have changed color, formed a residue or developed a peculiar odor. Don't use any pills that seem crumbly or capsules that have opened. Discard any drugs with a missing or unreadable label on the bottle.

Don't pollute the environment with discarded medicines. Most pharmacies will accept them for environmentally safe disposal.