PHYSICIAN CONSULT CHECKLIST

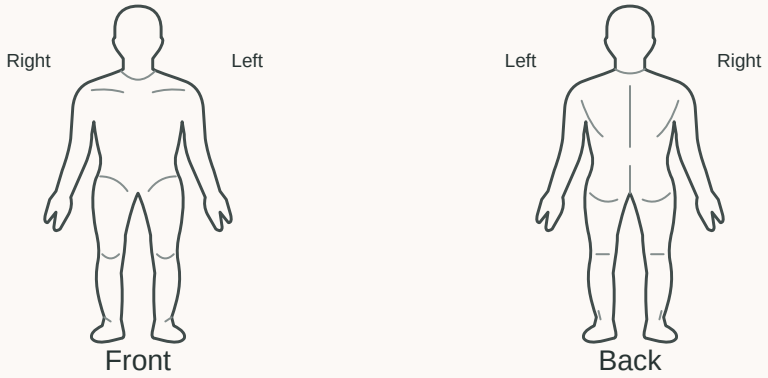
Sports bracing or taping consult

Name _____ Visit date _____

Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.



N Numbness **P** Pins & Needles **B** Burning / Aching **S** Stabbing

What I want my physician to know

Describe what feels less secure during play and how past support affected movement.

I used to be able to… Now I struggle with…

It started… It feels better or worse when…

I've tried… It helped for…

The main thing I want to decide or do is…

What to bring or send

Bring the actual brace if you can and note which taping or supports you tried.

- [ ] Prior images and written reports, if available
- [ ] Checked the scan date, body area and side
- [ ] Confirmed the office can open the image files
- [ ] Relevant visit and therapy notes, medication and allergy list

Image date, type and where it was done

What I still need to request or confirm

Questions to ask

- [ ] What are you looking for when you check the fit and my movement?
- [ ] How can I tell whether this support serves the goal we discussed?
- [ ] If I have prior images, would they help answer today's question? Would another test change the plan?

What will I do next, and when will we check in?

One small improvement I want to notice

Notes from my visit