

Choosing a Doctor

Decide What You Want and Need in a Doctor

What is most important to you in a doctor? A few ideas are listed below. Add your own to create a list that will help you choose a doctor who is right for you.

My doctor must be highly rated by a consumer or other group. You will want to find out who did the ratings. Is the information reliable? Who collected it? Does the group have something to gain from the ratings?

Notes:

My doctor needs to have experience with my condition(s). Research shows that doctors who have a lot of experience with a condition tend to have better success with it.

Notes:

I want a doctor who has privileges (is permitted to practice) at the hospital of my choice.

Notes:

My doctor must be part of my health plan.

Notes:

Additional Items:

Make a List of Doctors

Write your list here.

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Contact the Doctors' Offices

When you have found a few names of doctors you might want to try, call their offices. The first thing to find out is whether the doctor is covered by your health plan and is taking new patients. If the doctor is not covered by your plan, are you prepared to pay the extra costs?

Below are some questions you might want to ask the office manager or other staff. You may have some additional questions. Note that some of these items might have more to do with the health plan than with the doctor's office.

Things to find out from office staff:

Which hospitals does the doctor use?

Doctor A: _____

Doctor B: _____

Doctor C: _____

What are the office hours (when is the doctor available and when can I speak to office staff)?

Doctor A: _____

Doctor B: _____

Doctor C: _____

Does the doctor or someone else in the office speak the language that I am most comfortable speaking?

Doctor A: _____

Doctor B: _____

Doctor C: _____

How many other doctors "cover" for the doctor when he or she is not available? Who are they?

Doctor A: _____

Doctor B: _____

Doctor C: _____

How long does it usually take to get a routine appointment?

Doctor A: _____

Doctor B: _____

Doctor C: _____

How long might I need to wait in the office before seeing the doctor?

Doctor A: _____

Doctor B: _____

Doctor C: _____

What happens if I need to cancel an appointment? Will I have to pay for it anyway?

Doctor A: _____

Doctor B: _____

Doctor C: _____

Does the office send reminders about prevention tests—for example, Pap smears?

Doctor A: _____

Doctor B: _____

Doctor C: _____

What do I do if I need urgent care or have an emergency?

Doctor A: _____

Doctor B: _____

Doctor C: _____

Does the doctor (or a nurse or physician assistant) give advice over the phone for common medical problems?

Doctor A: _____

Doctor B: _____

Doctor C: _____

You may also want to talk briefly with the doctor by phone or in person. Ask if you are able to do this and if there is a charge.

The next step is to schedule a visit with your top choice. During that first visit you will learn a lot about just how easy it is to talk with the doctor. You will also find out how well the doctor might meet your medical needs. Ask yourself: Did the doctor...

| | | |
|---|-----|----|
| 1. Give me a chance to ask questions? | Yes | No |
| 2. Really listen to my questions? | Yes | No |
| 3. Answer in terms I understood? | Yes | No |
| 4. Show respect for me? | Yes | No |
| 5. Ask me questions? | Yes | No |
| 6. Make me feel comfortable? | Yes | No |
| 7. Address the health problem(s) I came with? | Yes | No |
| 8. Ask me my preferences about different kinds of treatments? | Yes | No |
| 9. Spend enough time with me? | Yes | No |

Your Personal Health History

Use this form to keep track of your health history. Print out a copy and take it with you to your doctor appointments to help keep your doctor up-to-date.

1. I was in the hospital for (list conditions):

_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

2. I have had these surgeries:

_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

3. I have had these injuries/conditions/illnesses:

_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

4. I have these allergies (list type of allergy—food, medicine, etc.—and reaction):

5. I have had these immunizations (shots):

(Note: In the list below, the names of the shots follow the names of the diseases they prevent.)

| For children: | Suggested age | Date(s) received |
|---|-----------------------------------|------------------|
| Hepatitis B (HBV) | Dose 1: Birth to 2 months | <hr/> |
| | Dose 2: 2 months to 4 months | <hr/> |
| | Dose 3: 6 months to 18 months | <hr/> |
| | Dose 1 or 3: 11 years to 12 years | <hr/> |
| Polio (IPV) | Dose 1: 2 months | <hr/> |
| | Dose 2: 4 months | <hr/> |
| | Dose 3: 6 months to 18 months | <hr/> |
| | Dose 4: 4 years to 6 years | <hr/> |
| Haemophilus Influenzae type B (Hib) | Dose 1: 2 months | <hr/> |
| | Dose 2: 4 months | <hr/> |
| | Dose 3: 6 months | <hr/> |
| | Dose 4: 12 months to 15 months | <hr/> |
| Diphtheria, Tetanus, & Pertussis (DTaP, Td) | Dose 1: 2 months | <hr/> |
| | Dose 2: 4 months | <hr/> |
| | Dose 3: 6 months | <hr/> |
| | Dose 4: 15 months to 18 months | <hr/> |
| | Dose 5: 4 years to 6 years | <hr/> |
| Measles, Mumps, Rubella (MMR) | Td Once: 11 years to 16 years | <hr/> |
| | Dose 1: 12 months to 15 months | <hr/> |
| Chickenpox (Varicella) (VZV) | Dose 2: 4 years to 6 years | <hr/> |
| | or Dose 2: 11 years to 12 years | <hr/> |
| Chickenpox (Varicella) (VZV) | Once: 12 months to 18 months | <hr/> |
| | or once: 11 years to 12 years | <hr/> |

| | | |
|-----------------------------------|--|-------|
| Pneumococcal Disease (Pneumovax™) | Dose 1: 2 months | _____ |
| | Dose 2: 4 months | _____ |
| | Dose 3: 6 months | _____ |
| | Dose 4: 12 months to 15 months | _____ |
| Hepatitis A | Once: 2 years to 12 years in selected areas | _____ |

| For adults: | Suggested age | Date(s) received |
|--------------|-------------------------------|------------------|
| Influenza | Every year starting at age 65 | _____ |
| Pneumococcal | Once at age 65 | _____ |
| Tetanus (Td) | Every 10 years | _____ |

6. I take these medicines/supplements (bring with you, if possible):

7. My family members (parents, brothers, sisters, grandparents) have/had these major conditions:

8. I see these other health care providers:

Name: _____

Why I see them: _____

Name: _____

Why I see them: _____

Name: _____

Why I see them: _____