



# Preparing for **your first consultation** with a physician

At your first visit, the doctor may ask you the following questions to get a better understanding of your symptoms. Think about these questions before your appointment and try to answer them as clearly as you can. It can be helpful to print the questionnaire, complete it and take it with you to your appointment.

## 1 Your profile

Height .....

Weight .....

Allergies to medications .....

## 2 What symptoms do you have?

- |  |   |
|--|---|
| <input type="checkbox"/> None                | <input type="checkbox"/> Chest pain                   |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Dizziness                    |
| <input type="checkbox"/> Tiredness           | <input type="checkbox"/> Other, please specify: ..... |
| <input type="checkbox"/> Palpitations        | .....   |

## 3 When did you first begin experiencing symptoms?

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## 4 If you have already been diagnosed with atrial fibrillation, when was this diagnosis made and by whom?

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## 5 How often do you have symptoms? *(It can be helpful to keep a diary of your symptoms as they occur)*

- Always
- Daily *(How many times per day?)* .....
- Weekly *(How many times per week?)* .....
- Monthly *(How many times per month?)* .....
- Yearly *(How many times per year?)* .....

## 6 How long do these episodes last? *(It can be helpful to keep a diary of the length of each episode)*

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**7** How severe/limiting are your symptoms?

Daily activities may include climbing stairs, walking, carrying groceries, performing strenuous exercises (e.g. *running, working out, playing tennis etc.*).

- Not at all.
- Mild (*I feel some limitations but am not troubled by them; my normal daily activities are not affected*)
- Moderate (*I am troubled by them, but they do not affect daily activities*)
- Severe (*I am troubled by them and they affect my daily activities*)
- Disabling (*My symptoms are so severe that I have stopped my daily activities*)

What activities do you find particularly difficult when you have symptoms? Please specify.

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**8** Does anything seem to improve your symptoms? (*For example relaxation, exercise, ...*)

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**9** What, if anything, appears to bring on your symptoms? (*For example alcohol consumption, caffeine, exercise, lack of sleep, smoking, ...*)

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**10** Is there a family history of arrhythmia?

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## Other tips to prepare for your first consultation

- ✓ Write down key personal information, including any previous history of heart disease, stroke, high blood pressure, diabetes, chronic lung disease, sleep apnoea, thyroid disturbances, and any major stresses or recent life changes. Also consider your family history of any of the afore-mentioned conditions.
- ✓ Bring copies of any documentation on previous consultations/diagnostics/procedures with you to the appointment.
- ✓ Make a list of all medications, including vitamins or supplements, that you are taking.
- ✓ Write down questions to ask your doctor at the appointment.

These may include:

1. What kind of tests do I need to have to find out whether AF is causing my symptoms?
2. Are there any other heart rhythm disorders or heart conditions that could cause my symptoms?
3. Is there anything you recommend to better keep track of my symptoms, heart rate, etc.?
4. What should I do if symptoms get worse before I see you again?
5. Is my present heart condition dangerous and, if so, to what extent?