

When (date/time):						
For What:						
Where: At-Home	In-Person					

PREPARING FOR YOUR DOCTORS VISIT

How	are you feeling today?	<u> </u>	<u>:</u>	\odot	8			
Why	y are you here today?							
The	following questions are abo	out how we	ll you ur	nderstand A	Atrial Fibrill	ation (AFib)).	
l un	derstand	Not at all	A little	Sometimes	Well	Very well	Commen	ts
	How AFib effects my health risks?	><	<u>::</u>	<u>:</u>	$\overline{\cdot}$	8		
	How my other health factors change my AFib-related risks?	><	··	<u></u>	$\overline{\cdot}$	2		
	My risk for a stroke and what can lower risk?	><		<u></u>	$\overline{\cdot}$	8		
,	When to call the office and when to go to the emergency department?	2	···	<u>:</u> :	$\overline{\mathbf{c}}$	8		
	How often to come back for visits?	><		<u></u>	$\overline{\mathbf{c}}$	8		
	Where to go for additional resources?	24			$\overline{\mathbf{c}}$	25		
	How to be helpful as a member of my own treatment team?	24	×	<u></u>	·	8		
Und	derstanding Atrial Fibrillati	on (AFIB)						
8. \	What else would you like to know	about AFib?						
9. \	What concerns you the most abo	ut your AFibʻ	?					
	What would help you better mar concerns about AFib?	nage your						
11. \ t	What might keep you from accor hings that improve your health?	nplishing						
All	Current Medications	Dose	Time/[Day All	Current Med	lications	Dose	Time/Day