# Taking Charge of Your Care: Health Resource

This resource is to help you communicate your needs and preferences to doctors and clinicians who are caring for you. It has been written specifically for people living with both physical and mental health concerns. The resource is designed to be used in appointments with General Practitioners (GPs) but may also be used in any other care setting.

You can use this resource to help identify your health needs, and work out what matters most to you before you go to appointments. You might do this just as a record for yourself, or you might complete this resource to give it to your doctor or specialist, clinician, or support person. You can print this out before you go to your appointment.

The resource contains about 40 questions. You don't need to answer every question, only the ones you want to share. It will take at least 20 minutes to complete, but may take longer depending on the information you would you like to include. You can delete any questions you don’t want to answer.

When you have filled out all you want to share, it can be save it or print it.

This resource was made in 2023-2024 using a co-design process. This means that it was designed by a group made up of:

* People living with experiences of mental health concerns and physical health concerns; and
* Lived experience researchers.

The group had members from all over Australia and worked together to decide what would be in it. They made decisions together about what the resource would include. While research was used to create this resource, none of your information is being collected when you use this resource.

We have tried to make this resource as empowering and useful as possible. We have chosen to use the phrase “people with physical and mental health concerns” rather than defining people by diagnoses or illnesses. The group tried to make this as helpful as possible, so that you could speak up about things that matter to you, have your needs met, and not forgotten.

We hope this is useful and we'd like to hear from you if it is. If it is not helpful for you let us know and we will do our best improve it. You can provide feedback at enquiries@equallywell.org.au.

Every state and territory in Australia has different laws about your rights. We have added some links with information to help you use your rights, which you will find at the end of this document.

## About You

**What is your name?**

**Is there any other introductory information that you would like your doctor to know about you?**

*You may like to include identity characteristics such as your gender, age, sexuality, ethnicity. You may also like to include important things for your heath needs, such as the preferred/required gender of a clinician who will interact with you, and cost-related issues/financial stress (and if you have a pension, concession, or other card that may be related to payment).*

**Your medical history and relevant health information:**

*Here, you might like to list your health diagnoses, previous surgeries, main health concerns, past treatments you've had and your perspectives on them.*

**Any information relevant to your health care:**

*Here, you might like to list your financial concerns, barriers to care and your perspectives on them.*

**Are there things that help you to feel safe/able to speak up?**

*This might include:*

* *Being asked questions*
* *Having time to ask questions*
* *Being able to book a longer appointment*
* *Having florescent lights turned off*
* *Having a support person come along*
* *Having time to make decisions*
* *Trauma informed care*
* *Being talked through everything step by step*
* *Having any recommendations or instructions written down*
* *Making an agreement on further steps that might happen after the appointment*
* *Having a lot (or a little) information about my health*
* *Knowing where to go to get information*

**Are there things that make you to feel unsafe?**

*This might include not being asked how you feel about a treatment recommendation, being touched without warning/consent, not being consulted regarding health diagnoses.*

**When you are unwell, what do you need people to know?**

*This is where you can record any differences in how you experience the world when you're unwell. You might like to include things like speaking pace, changes in readiness to make decisions, and willingness to attend appointments. You might also like to include responses from others that you have found helpful in the past.*

**When you are well, what would you like to happen?**

*Anything you'd like to focus on when you are feeling well, such as being prompted routine health checks, preventative care, improving diet, things to increase wellbeing, long-term health management strategies, links to longer-term services etc.*

**Is there anything else your clinicians should know about you?**

*Anything important that you haven't covered above.*

## Identifying your Needs

### Physical health priorities

**What are your physical health priorities?**

*These might include:*

* *Balanced nutrition*
* *Contraception*
* *Develop/Review current care plan*
* *Digestive health*
* *Exercise*
* *Fertility*
* *Medication*
* *Pain management*
* *Regular health check-ups*
* *Regular screenings and tests (cervical, bowel, prostate, diabetes, metabolic syndrome etc)*
* *Sexual health*
* *Skin health*
* *Sleep health*
* *Smoking*
* *Stress management*
* *Substance use*
* *Weight management*
* *Work-life balance*

### Identifying Support Persons

Many people prefer to have a support person with them, but you don't have to have a supporter.

The key advantages of bringing a support person are that they can note down what the clinician says, in case you forget later, and they might help you feel more confident expressing your needs.

Here, you can make a list of people who support you and their contact information for your own reference. You might also like to note other information, like what they can help you with.

**Who are the people that support you?**

### Social and Emotional Wellbeing

In addition to considering your physical and mental health, you might also want support for your social and emotional wellbeing. Unfortunately, this goes beyond the scope of what a GP can usually provide, but they might be able to refer you to another service that can assist you with these health needs. Alternatively, you might like to discuss these needs with an allied health worker who might be better positioned to help you meet these health needs.

**What social and emotional wellbeing needs would you like support with?**

*These might include:*

* *Anxiety or Depression*
* *Autonomy and Control*
* *Belonging and Connection*
* *Community and Inclusion*
* *Empathy and Understanding*
* *Friendship and Companionship*
* *Purpose and Meaning*
* *Relationship challenges*
* *Safety and Security*
* *Self-Esteem and Confidence*
* *Self-Expression and Creativity*
* *Support and Encouragement*
* *Validation and Acceptance*

## In the Appointment

In this section, you can decide what you might like to talk about in the appointment.

The following list is an outline of what you might like to discuss, which you can use as prompts.

**Medical History**

* *Any existing medical conditions or chronic illnesses*
* *Previous surgeries or medical procedures*
* *Family history of specific medical conditions*

**Current Symptoms**

* *Any new or recurring symptoms, including their duration and intensity*

**Medications and Supplements**

* *Any prescription or over-the-counter medications being taken, including dosage*
* *Any effects from medication that are causing you to feel concerned*
* *Any vitamins, supplements, or alternative medicines*

**Allergies**

* *Any known allergies to medications, foods, or environmental factors*

**Lifestyle Factors**

* *Diet and nutrition habits*
* *Exercise routine and physical activity levels*
* *Sleep patterns and any sleep-related issues*

**Mental and Emotional Health**

* *Stress levels and coping mechanisms*
* *Any signs of anxiety, depression, or other mental health concerns*

**Vaccination Status**

* *Updates on vaccinations and immunisations*

**Screenings and Tests**

* *Any recommended screenings or tests (e.g., blood pressure, cholesterol, mammograms, deficiencies etc.)*

**Pain or Discomfort**

* *Any specific areas of pain or discomfort, its nature, and how it affects daily life*

**Changes in Weight**

* *Any significant changes in weight, whether gain or loss*

**Digestive Health**

* *Any issues related to digestion, bowel movements, or gastrointestinal discomfort*
* *Any urinary issues, including pain or leakage*

**Skin, Hair, and Nail Health**

* *Changes in skin appearance, any rashes or lesions, changes in hair growth, or nail abnormalities*

**Reproductive and Sexual Health**

* *Any concerns or changes related to hormones, menstrual cycles, sexual health, or reproductive issues*
* *Any plans or concerns related to contraception, fertility or family planning*

**Substance Use or Smoking**

* *Frequency and type of substance use (if applicable)*
* *Any goals or plans related to substance use*

**Environmental Exposures**

* *Any known exposures to toxins or hazardous substances*

**Travel**

* *Recent travel history, especially to areas with endemic diseases*
* *Any plans to travel, where preventative healthcare may be required*
* *Any plans to travel, where a doctor's note may be needed to travel with medications, or to make travel accommodations*

**Is there anything else you would like to discuss in your appointments?**

### Medication

In this section, you can focus specifically on your medications and their effects.

The list below outlines some topics or questions you might like to discuss with your doctor. You can also put in your own.

**Impact on Daily Life**

*Discuss how the medication affects their daily activities, work, sleep, and overall quality of life.*

**Symptom Management**

*Discuss how the medication is affecting their symptoms, including any improvements or worsening of symptoms since starting the medication.*

**Side Effects**

*Inquire about any current or potential side effects experienced and whether they are common or worrisome.*

**Withdrawal Effects**

*For medications that might cause dependency or withdrawal symptoms, discuss the proper method of tapering off and any precautions.*

**Medication Adjustments**

*Ask if the dosage needs to be adjusted or if there are alternative medications that might be more suitable or have fewer side effects.*

**Interactions**

*Discuss any interactions between the prescribed medication and other medications, supplements, or substances you are using.*

**Long-Term Effects**

*Inquire about the long-term effects of the medication and any concerns about dependency or tolerance.*

**Expectations**

*Clarify realistic expectations about the timeline for improvement or potential changes in based on your currently prescribed medications.*

**Monitoring**

*Inquire about the need for regular check-ins or monitoring to assess the effectiveness and safety of the medication.*

**Alternative Treatments**

*Ask about alternative treatments or therapies that could complement or substitute for medication.*

**Are there any other topics or questions related to medication that you might like to discuss with your doctor?**

## After the Appointment

In this section, you can prepare the steps you would like to take after your appointment.

You can include and expand on the suggested steps and categories below, or write your own.

### Steps to take after an appointment

**Review Your Notes**

*Take a moment to review any notes you or a support person may have taken during the appointment. This can help reinforce what was discussed.*

**Fill Prescriptions**

*If you and your doctor agreed to the prescription of any medications, visit a pharmacy to have them filled. Follow the dosage instructions carefully.*

**Ask for Clarification**

*If there's anything you didn't understand or if you have additional questions, you can call your doctor's office for clarification.*

**Schedule Follow-Up Appointments**

*If your doctor recommended a follow-up visit or further tests, schedule these appointments promptly.*

**Monitor Your Health**

*Pay attention to how you're feeling and any changes in symptoms. If anything significant occurs, report it to your doctor.*

**Report Side Effects**

*If you experience any unexpected side effects from prescribed medications, inform your doctor.*

**Keep Records Organised**

*Keep a record of your medical history, including medications, tests, and procedures. This can be helpful for future appointments.*

**Seek Second Opinions (if needed)**

*If you're uncertain about a diagnosis or treatment plan, consider seeking a second opinion from another healthcare professional.*

**Are there any other steps you would like to add to this list?**

### Navigating a Bad Experience

In this section, you can include some strategies to help you if you have had a negative experience in your appointment.

You can include and expand on the suggested steps and catergories below, or write your own.

**Reflect on Your Concerns**

* *Take some time to reflect on why you are unhappy with the appointment. Identify specific issues or areas of dissatisfaction.*
* *Note down what you are unhappy about and keep any documentation, in case you want to escalate your concerns.*

**Seek a Second Opinion**

* *If you're uncertain about the diagnosis or treatment plan, consider seeking a second opinion from another healthcare professional.*

**Communicate with Your Doctor**

* *If appropriate, contact your doctor's office to discuss your concerns. Request a follow-up appointment or a phone call to address any questions or issues.*
* *If the appointment was not with a doctor, but with a specialist, you can ask your doctor for a new referral to a different specialist.*

**Express Your Concerns Clearly**

* *When speaking with your doctor, be clear and specific about why you are unhappy. If you feel comfortable, you can provide details about what you expected and what you feel was lacking.*

**Consider a Different Doctor**

* *If you consistently have negative experiences with a particular doctor, you may want to consider finding a new healthcare provider.*

**Request a Care Plan Review**

* *If you feel that your treatment plan isn't working, ask your doctor to review and potentially revise it.*
* *Research alternative treatment options or therapies that may be more aligned with your preferences and values. Discuss these with your doctor.*

**Involve a Patient Advocate**

* *Consider bringing a trusted friend or family member to your appointments to help advocate for your needs and ask questions*.

**File a Complaint (if necessary)**

* *If you believe there was a serious issue with the quality of care, consider filing a complaint with the relevant medical board or institution.*

**Seek Emotional Support**

* *Talk to someone you trust about your feelings and concerns. This could be a friend, family member, or support group.*

**Are there any steps or strategies that you would like to add to help you navigate a bad experience?**

## Helpful Links

**National**

* 13YARN: 13 92 76
* Anxiety Recovery Centre Victoria (ARCVic) Helpline: 1300 269 438
* Beyond Blue: 1300 22 46 36 or <https://www.beyondblue.org.au/>
* Black Dog Institute: <https://www.blackdoginstitute.org.au/>
* Cancer Council Australia: <https://www.cancer.org.au/>
* Diabetes Australia: <https://www.diabetesaustralia.com.au/>
* Head to Health Crisis Support: <https://www.headtohealth.gov.au/crisis-links>
* Headspace: 1800 650 850 or <https://headspace.org.au/>
* Health Direct: <https://www.healthdirect.gov.au/>
* Lifeline 13 11 14 or <https://www.lifeline.org.au/>
* Patient Advocacy Alliance: <https://patientadvocacyalliance.org.au/>
* Patient Advocates Australia: <https://patientadvocates.com.au/index.html>
* ReachOut: <https://au.reachout.com/>
* SANE Australia Helpline: 1800 18 SANE (7236) or <https://www.sane.org/>
* Suicide Call Back Service: 1300 659 467

**ACT**

* ACT Access Mental Health: 1800 629 354
* ADACAS: <https://adacas.org.au/advocacy-support/individual-advocacy/>
* Canberra Health Services: <https://www.canberrahealthservices.act.gov.au/>
* Head to Health Canberra: <https://canberraheadtohealth.com.au/>
* Mental Health Community Coalition: <https://mhccact.org.au/>
* Take Control: Livewell Program: <https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/take-control-live-well-program>

**New South Wales**

* Being: https://being.org.au/
* Disability advocacy NSW: <https://www.da.org.au/>
* Getting Involved in Advocacy: <https://www.health.nsw.gov.au/mentalhealth/participation/Pages/about.aspx>
* Health Consumers NSW: <https://hcnsw.org.au/>
* Mental Health Commission of New South Wales: <https://www.nswmentalhealthcommission.com.au/>
* New South Wales Health Contacts: <https://www.health.nsw.gov.au/Pages/contact.aspx>
* NSW Health: <https://www.health.nsw.gov.au/Pages/contact.aspx>
* Physical Disability Council of New South Wales: <https://www.pdcnsw.org.au/>

**Northern Territory**

* Northern Territory Community Visitor Program: <https://health.nt.gov.au/contact>
* Northern Territory Mental Health Commission: <https://www.ntmhc.org.au/>
* NT Community Policy and Advocacy: <https://www.ntcommunity.org.au/services-category/policy-and-advocacy/>
* NT Government Health Contacts: <https://health.nt.gov.au/contact>
* NT Hospitals and Health Services: <https://nt.gov.au/wellbeing/hospitals-health-services>
* NT Support Services for Mental Health <https://nt.gov.au/wellbeing/mental-health/support-services-for-mental-health>
* Patient Complaints and Compliments: <https://health.nt.gov.au/compliments-complaints-and-feedback>

**Queensland**

* 13 HEALTH: 13 43 25 84 or <https://www.qld.gov.au/health/contacts/advice/13health>
* Contact an Independent Patient Rights Advisor: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/key-mental-health-contacts/contact-an-independent-patient-rights-adviser>
* Office of the Public Advocate <https://www.justice.qld.gov.au/public-advocate>
* Queensland advocacy for inclusion: <https://qai.org.au/>
* Queensland Alliance for Mental Health <https://www.qamh.org.au/>
* Queensland Government Find Help: <https://www.mentalwellbeing.initiatives.qld.gov.au/support>
* Queensland Government Legal Options and Assistance: <https://www.qld.gov.au/health/mental-health/rights/legal-help>
* Queensland Government Mental Health and Wellbeing: <https://www.qld.gov.au/health/mental-health>
* Queensland Mental Health Commission: <https://www.qmhc.qld.gov.au/>

**South Australia**

* Advocacy and Complaints about Mental Health Services in South Australia: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/legal+matters/mental+health+statement+of+rights/advocacy+complaints+and+appeals+for+people+receiving+mental+health+care+or+treatment>
* Disability Advocacy and Complaints: <https://dacssa.org.au/>
* Mental Health Coalition of South Australia: <https://mhcsa.org.au/>
* Office of the Public Advocate: <https://www.opa.sa.gov.au/advocacy-education/find-an-advocate>
* SA Health: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/home/home>
* SA Mental Health Services: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/mental+health+services/mental+health+services>
* South Australia Rural and Remote Services: <https://www.healthdirect.gov.au/south-australia-rural-and-remote-health-services>
* South Australian Government Health Care Rights: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/consumer+carer+and+community+engagement/health+care+rights>

**Tasmania**

* Access Mental Health Tasmania: <https://www.health.tas.gov.au/health-topics/mental-health/tasmanias-mental-health-system/access-mental-health-helpline>
* Advocacy Tasmania: <https://advocacytasmania.org.au/>
* Health Consumers Tasmania: <https://healthconsumerstas.org.au/>
* Mental Health Council of Tasmania: <https://mhct.org/>
* Primary Health Tasmania: <https://www.primaryhealthtas.com.au/for-health-professionals/programs/mental-health/>
* Tasmania Government Rights and Advocacy: <https://www.health.tas.gov.au/health-topics/mental-health/mental-health-information-consumers-families-and-carers/rights-and-advocacy-mental-health>

**Victoria**

* Anxiety Recovery Centre: <https://www.arcvic.org.au/>
* Independent Mental Health Advocacy: <https://www.imha.vic.gov.au/>
* Mental Health Victoria: <https://www.mhvic.org.au/>
* Nurse on call: 1300 60 60 24 or <https://www.health.vic.gov.au/primary-care/nurse-on-call>
* Office of the Public Advocate: <https://www.publicadvocate.vic.gov.au/>
* Urgent Priority Care Centres: <https://www.betterhealth.vic.gov.au/priority-primary-care-centres>
* Victoria Legal Aid Independent Mental Health Advocacy: <https://www.legalaid.vic.gov.au/independent-mental-health-advocacy>
* Victorian Department of Health Advocacy Service: <https://www.health.vic.gov.au/rights-and-advocacy/advocacy>
* Victorian Government Health Services: <https://www.health.vic.gov.au/mental-health>
* Victorian Health Advocacy: <https://www.health.vic.gov.au/hospitals-health-services>
* Victorian Mental Illness Awareness Council: <https://www.vmiac.org.au/>

**Western Australia**

* Advocacy WA: <https://www.advocacywa.org.au/>
* Health Consumers’ Council: <https://www.hconc.org.au/>
* Healthcare Western Australia: <https://www.wa.gov.au/service/health-care>
* Mental Health Commission of Western Australia: <https://www.mhc.wa.gov.au/>
* WA Government Find a Mental Health Service: <https://www.wa.gov.au/service/health-care/community-health-services/find-mental-health-service>
* WA Mental Health Advocacy Service: <https://www.wa.gov.au/organisation/mental-health-advocacy-service>
* Western Australian Association for Mental Health: <https://waamh.org.au/>

## Memorandum of Understanding for your Doctor

*You can include this memorandum of understanding for your doctor to sign, if you like. Otherwise, you can delete this section.*

As the treating clinician, I would like you to certify that you have read my information and sign below as a sign of good faith.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_