ITSNOTJUSTANXIETY.COM | PATIENT ADVOCACY RESOURCES

THE H.E.A.R.D. PATIENT ADVOCACY WORKSHEET

Prepare your story. Ask clear questions. Leave with a plan you understand.

H.E.A.R.D. is a structured way to prepare for a medical visit and keep the conversation anchored to your actual symptoms, changes, questions, and next steps. Use what is useful; skip what is not.

1 · PREPARE BEFORE THE VISIT

BRING BACKUP

A trusted person can listen, take notes, help you remember questions, and support you if the visit becomes overwhelming.

TRACK THE PATTERN

Note when symptoms happen, how long they last, what makes them better or worse, and what has changed from your baseline.

BRING THE FACTS

Have your medication list, major diagnoses, relevant results, and a short timeline ready. You do not need to bring every record you have.

MY SYMPTOM SNAPSHOT

Use plain words. Patterns and changes are often more useful than perfect medical terminology.

SYMPTOM + WHEN IT STARTED	FREQUENCY / TRIGGERS / PATTERN	WHAT I WANT TO ASK
e.g., Right-sided chest and shoulder pain	*e.g., Cyclical; worse with deep breaths*	*e.g., Could these symptoms be connected?*

WHAT I MOST NEED FROM THIS VISIT

A diagnosis? A safer plan? A referral? Better symptom control? Understanding what happens next?

2 · USE H.E.A.R.D. IN THE CONVERSATION

These are prompts, not a script you have to recite word-for-word.

H

HONOR THE POSSIBILITY

Acknowledge a possible explanation without giving up the rest of the question.

TRY: "I understand that [preliminary diagnosis] can cause [symptoms], and I agree those are worth addressing. I also want to make sure we are considering other possibilities so we have the whole picture."

MY NOTES: _____

E

EXPLAIN WHAT IS DIFFERENT

Anchor the discussion to what is new, changing, specific, or patterned.

TRY: "What worries me is that this is different from my usual baseline because _____."

MY NOTES: _____

A

ASK WHAT HAS BEEN RULED OUT

Ask what the current evaluation does - and does not - tell you.

TRY: "What important conditions have we ruled out so far, and what would make you investigate further?"

MY NOTES: _____

R

REQUEST A PLAN

Leave knowing the next step, timeline, and who owns each piece.

TRY: "What is the plan from here, when should I expect improvement or results, and when should we reevaluate?"

MY NOTES: _____

D

DOCUMENT THE DECISION

Make sure your symptoms, plan, and follow-up are accurately captured.

TRY: "Could we make sure the chart reflects the symptoms I reported, the plan we agreed on, and when I should follow up?"

MY NOTES: _____

3 · BEFORE YOU LEAVE

Being heard does not always mean hearing "yes." It does mean understanding the reasoning and the plan.

- ☐ I understand what we think is happening.
- ☐ I know what happens next.
- ☐ I know when to follow up.
- ☐ I know what should make me seek care sooner.

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QUESTIONS YOU CAN ASK

A practical phrase bank for clearer conversations, better follow-through, and a plan you understand.

You do not need to ask every question. Pick the two or three that matter most today. The goal is clarity: understand the reasoning, the plan, and what happens if the plan needs to change.

MY TOP THREE QUESTIONS TODAY

Write these before the visit.

1

2

3

UNDERSTANDING THE DIAGNOSIS

- ☐ What makes this the most likely explanation?
- ☐ What else could cause these symptoms?
- ☐ Is there anything important we still need to rule out?
- ☐ What would make you reconsider the diagnosis?

MY NOTES

IF THE PLAN IS TO WATCH AND WAIT

- ☐ How long should I expect this to last or improve?
- ☐ What should make me contact you sooner?
- ☐ If I am not better by _____, what is our next step?
- ☐ What can I do or track in the meantime?

MY NOTES

IF TESTS ARE NORMAL BUT I STILL FEEL UNWELL

- ☐ What does this normal result rule out - and what does it not rule out?
- ☐ If my symptoms continue, what would you consider next?
- ☐ Would a referral or second opinion ever make sense?
- ☐ Is there anything specific I should track before the next visit?

MY NOTES

IF ANXIETY OR STRESS IS PART OF THE CONVERSATION

- ☐ Could anxiety be contributing while something physical is also going on?
- ☐ What physical causes are we considering as well?
- ☐ How will we know whether the current plan is working?
- ☐ If the symptoms change or persist, when should we revisit the diagnosis?

MY NOTES

BEFORE YOU LEAVE Close the loop.

	QUESTION
1	What do you think is happening?
2	What are we doing next?
3	When should I follow up?
4	What should make me seek care sooner?

NOTES FROM THE CONVERSATION

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MY VISIT NOTES + FOLLOW-UP PLAN

Capture the plan while you are in the room - then give every loose end a name, a deadline, and a next step.

DATE	CLINICIAN / PRACTICE	MAIN REASON FOR VISIT

WHAT WE THINK MAY BE GOING ON

Working diagnosis, possibilities, or what is still uncertain.

TESTS, IMAGING + REFERRALS

WHAT WAS ORDERED?	WHERE / WITH WHOM?	WHEN / NEXT STEP?

MEDICATION CHANGES

MEDICATION	START / STOP / CHANGE	HOW / WHEN

WHAT I SHOULD DO AT HOME

Treatment, tracking, activity, diet, hydration, or other instructions.

RESULTS + FOLLOW-UP TRACKER

One place for every loose end: timing, contact, and completion.

ITEM / TASK	BY WHEN?	HOW / WHO?	DONE
Lab / test result			☐
Referral / appointment			☐
Imaging / procedure			☐
Other			☐

FOLLOW-UP + SAFETY PLAN

FOLLOW UP IN / ON	CALL / RETURN SOONER IF

QUESTIONS I STILL HAVE

Anything unresolved, anything I want clarified, anything I do not want to forget.

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BE THEIR M.A.N.

M.A.N. = Medical Advocacy Navigator. Help someone be heard without taking over the conversation.

THE PATIENT LEADS. YOU SUPPORT.

Your job is to listen, remember, organize, and help close the loop - in the way the patient wants.

BEFORE THE VISIT - AGREE ON YOUR ROLE

- ☐ Ask what they want from you: note-taker, reminder, extra set of ears, or spokesperson if needed.
- ☐ Make a short list of their top questions and concerns.
- ☐ Gather the medication list, relevant records, and appointment details.
- ☐ Agree on a signal for when they want you to speak up or add something.
- ☐ Decide who will take notes.

WHAT DOES THE PATIENT WANT HELP WITH?

1

2

3

DURING THE VISIT - SUPPORT, DO NOT TAKE OVER

- ☐ Let the patient answer first whenever they can.
- ☐ Take notes: diagnosis, tests, medication changes, follow-up, and red flags.
- ☐ Prompt forgotten questions without hijacking the conversation.
- ☐ Ask for clarification when instructions are confusing.
- ☐ Before leaving, ask: “Did we answer everything you wanted to ask?”

NOTES

AFTER THE VISIT - MAKE SURE THE PLAN ACTUALLY HAPPENS

- ☐ Review the plan together while it is still fresh.
- ☐ Write down deadlines for tests, referrals, results, and follow-up.
- ☐ Separate what the patient is responsible for from what the office is responsible for.
- ☐ If expected results or referrals do not arrive, help follow up.
- ☐ Respect the patient's choices. Advocacy means helping them be heard, not deciding for them.

THE PLAN AT A GLANCE

WHAT NEEDS TO HAPPEN?	WHO IS RESPONSIBLE?	BY WHEN?

USEFUL WAYS TO STEP IN

Supportive language that does not speak over the patient.

"You had one more question about _____."

"Would it help if I add what I have noticed?"

"Could we make sure we understand the follow-up plan?"

"When should we expect the result, and who should we contact if we do not hear back?"

WHAT I NEED TO REMEMBER / FOLLOW UP ON

NO Y CHROMOSOME REQUIRED.

A good M.A.N. listens, organizes, remembers, and shows up.