FOR PATIENTS & CARE PARTNERS

Communicating with Medical Providers

How to prepare, speak clearly and leave with an actionable Parkinson's care plan

THE MAIN IDEA

Good communication is a partnership. Begin with what has changed, what matters most today and how Parkinson's is affecting daily life. Specific examples help the care team make safer, more useful recommendations.

Before the appointment

- **Choose your top three priorities.** Put the most important concern first; visits often move quickly.
- **Update the medication list.** Include exact name, strength, formulation, dose and clock time, plus over-the-counter medicines and supplements.
- **Track patterns for several days.** Note "on" and "off" times, falls, freezing, involuntary movement, sleep, mood, constipation, dizziness, hallucinations, swallowing and other changes.
- **Bring useful information.** Take the medication list, symptom notes, recent records, device information and the name of every clinician involved in care.
- **Decide what success looks like.** Write one or two goals, such as safer walking, better sleep, easier dressing or fewer unpredictable "off" periods.

Describe symptoms so they are useful

Use this formula: WHAT happened + WHEN it happens + HOW OFTEN + TRIGGERS + DAILY IMPACT + SAFETY CONCERNS.

EXAMPLE

"My feet freeze three or four times each morning, usually before my 10 a.m. dose. I nearly fell twice while turning, and I now avoid walking to the mailbox."

During the visit

1. **Lead with the top three:** Say, "The three things I most need help with today are…"
2. **Use plain, specific examples:** Describe what someone could see or measure instead of saying only "I feel worse."
3. **Separate observation from conclusion:** Try, "I feel lightheaded when I stand," before assuming which medicine caused it.
4. **Include motor and non-motor changes:** Discuss movement as well as sleep, thinking, mood, pain, bladder, bowel, blood pressure, voice and swallowing.
5. **Be honest about medicines:** Mention late or missed doses, cost barriers, side effects and any nonprescription products. This is safety information—not a test.
6. **Ask about choices:** Request the expected benefit, risks, alternatives, timeline and what happens if you wait.
7. **Name the next owner:** Confirm who will order each test or referral, when results should arrive and whom to contact if they do not.

Questions worth asking

- **What do you think is causing this change?** Could a medicine, another condition or Parkinson's progression contribute?
- **What do you recommend now?** What result should we expect, and how long should it take?
- **What side effects or warning signs matter?** Which symptoms require a call, urgent care or emergency help?
- **Would another professional help?** Ask about physical, occupational or speech therapy, nutrition, neuropsychology, mental health or social work.

USE TEACH-BACK

Before leaving, say: "To make sure I understood, let me repeat the plan in my own words." Then explain the medication changes, monitoring, referrals and follow-up. Ask the provider to correct anything you missed.

Printable appointment worksheet

Patient: _____ Date: _____ Provider: _____ Visit type: _____

My top three priorities

1. _____
2. _____
3. _____

Changes since the last visit

Symptom or change	When / pattern	Effect on daily life	Safety concern
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication changes or side effects

Medicine / dose / time	What changed	Benefit or side effect
_____	_____	_____
_____	_____	_____

Questions and plan

My questions: _____

Medication changes: _____

Tests / referrals: _____

What to monitor: _____

Follow-up date: _____ Who to contact / how: _____

When communication is difficult

- **Pause and clarify.** Say, "Please explain that without medical terms," or ask the provider to write down the key point.
- **Disagree respectfully and specifically.** Try, "I'm concerned because this does not match what happens at home. Could we review my notes together?"
- **Ask for access support.** Request a qualified interpreter, hearing or vision accommodations, extra processing time or permission to record instructions if allowed.
- **Bring support.** A care partner can take notes and describe changes, while the patient remains at the center of the conversation.
- **Seek another perspective when needed.** It is reasonable to request a movement-disorder specialist or a second opinion, especially for complex symptoms or major treatment decisions.

After the appointment

- **Review the visit summary the same day.** Correct errors promptly and save the current plan where the whole care team can find it.
- **Update every medication schedule.** Remove outdated copies and change alarms only according to the new written instructions.
- **Schedule tests and referrals.** Write down expected result dates and follow up if nothing arrives.
- **Track the response.** Record benefits, side effects and timing patterns after a change; share concise notes with the care team.
- **Keep clinicians connected.** Make sure the primary care clinician, neurologist and other specialists receive important updates.

CONTACT THE CARE TEAM PROMPTLY

Report sudden confusion, new hallucinations, repeated falls, rapid worsening, new swallowing difficulty or a suspected medication reaction. Call 911 for stroke signs, severe breathing or choking, loss of consciousness or immediate danger.

Trusted resources

- **Parkinson's Foundation — Preparing for a Medical Appointment:** https://www.parkinson.org/resources-support/carepartners/pointers/appointments
- **Parkinson's Foundation — Steps to Prepare:** https://www.parkinson.org/library/fact-sheets/prepare-parkinsons-appointment
- **AHRQ — Questions Are the Answer:** https://www.ahrq.gov/questions/index.html
- **VA PADRECC:** https://www.parkinsons.va.gov/
- **Parkinson's Foundation Helpline:** 1-800-4PD-INFO (1-800-473-4636)

Recovery Health Tech contact: Val Brown • 1-504-450-6279 • val@recoveryhealthtech.com