

# The 5-Minute Patient Brief

Your symptom and health history snapshot



This brief self-assessment is designed to help you prepare for your doctor's appointment. Completing this form will provide your doctor with a concise overview of your current symptoms and relevant health history, allowing for a more focused and productive consultation.

**Instructions:** Please answer the following questions as accurately and completely as possible. Your honesty and thoroughness are greatly appreciated.

**Note:** This brief is intended to supplement, not replace, a comprehensive medical history. Please discuss any concerns or questions you have with your doctor during your appointment.

## Personal contact

This gives your doctor immediate context about who you are and why you're here. e.g.

**Full name:** Jane A. Doe

**Date of birth:** 14 March 1996

**Main goal for the visit:** I've been experiencing recurring headaches, fatigue, and muscle aches and want to understand if this points to an underlying condition

**Full name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Main goal for the visit:** \_\_\_\_\_

# Top symptoms and functional impact

List symptoms and clearly describe how they affect daily function. This helps doctors assess severity, not just presence.

Symptom	Functional impact
Headache	Limits concentration; worsens with light or noise
Fatigue	Unable to complete normal daily tasks without resting
Muscle or joint pain	Pain increases with movement or standing

Symptom	Functional impact



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# Illness pattern check

This section shows recurring, persistent symptoms that are not “normal” and may indicate chronic illness.

<b>Symptom or pattern 1</b>	Recurring fatigue
<b>Frequency</b>	Several times/week
<b>Duration</b>	Lasts >4 hours
<b>Functional impact</b>	Prevents normal daily activity

<b>Symptom or pattern</b>	
<b>Frequency</b>	
<b>Duration</b>	
<b>Functional impact</b>	

<b>Symptom or pattern</b>	
<b>Frequency</b>	
<b>Duration</b>	
<b>Functional impact</b>	

<b>Symptom or pattern</b>	
<b>Frequency</b>	
<b>Duration</b>	
<b>Functional impact</b>	

# Current clinical snapshot

Summarize confirmed diagnoses, past procedures, and only the most relevant test results. e.g.

**Confirmed Diagnoses (with year diagnosed):** Migraine, diagnosed 2019

**Surgeries / Procedures (with dates):** Appendectomy, 2020

**Recent Lab or Imaging Highlights:** MRI Brain – normal

**Confirmed Diagnoses (with year diagnosed):** \_\_\_\_\_

**Surgeries / Procedures (with dates):** \_\_\_\_\_

**Recent Lab or Imaging Highlights:** \_\_\_\_\_

**Confirmed Diagnoses (with year diagnosed):** \_\_\_\_\_

**Surgeries / Procedures (with dates):** \_\_\_\_\_

**Recent Lab or Imaging Highlights:** \_\_\_\_\_

**Confirmed Diagnoses (with year diagnosed):** \_\_\_\_\_

**Surgeries / Procedures (with dates):** \_\_\_\_\_

**Recent Lab or Imaging Highlights:** \_\_\_\_\_

# Medications and supplements

Include everything you take regularly, even supplements.

Name	Dosage	Frequency	Reason
Example: Ibuprofen	400 mg	As needed	Pain relief



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# Triggers and allergies

This section highlights risks and helps guide the conversation. e.g.

**Drug Allergies:** Penicillin – rash, swelling

**Known Triggers (e.g. stress, heat, certain foods):** Heat, prolonged standing, dehydration, high histamine foods

**Drug Allergies:** \_\_\_\_\_

**Known Triggers (e.g. stress, heat, certain foods):** \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Known Triggers (e.g. stress, heat, certain foods):** \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Known Triggers (e.g. stress, heat, certain foods):** \_\_\_\_\_



# Questions for the doctor (The ask)

Use these questions to guide the conversation and leave the appointment with clarity. e.g.

**Diagnostic Question:** Could my recurring fatigue, dizziness, and brain fog point to a chronic condition or another autonomic disorder?

**Treatment Question:** What treatments or lifestyle strategies would help with these recurring symptoms?

**Safety Question:** What warning signs mean I should seek urgent care versus a routine appointment?

**Diagnostic Question:** \_\_\_\_\_

**Treatment Question:** \_\_\_\_\_

**Safety Question:** \_\_\_\_\_

**Diagnostic Question:** \_\_\_\_\_

**Treatment Question:** \_\_\_\_\_

**Safety Question:** \_\_\_\_\_

**Diagnostic Question:** \_\_\_\_\_

**Treatment Question:** \_\_\_\_\_

**Safety Question:** \_\_\_\_\_

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