

Appointment Advocacy Sheet

Fill this out before your visit. Bring it — plus your Sequencing reports, screenshots of key findings, and any other medical records — to your genetic counselor or physician.

1. REASON FOR THIS APPOINTMENT

Name: _____ Date: _____ Clinic / location: _____

Who I am seeing: _____

Main reason for this visit (symptoms, suspected condition, test results, medications):

2. MY KEY SYMPTOMS AND HISTORY

Symptom	Started (date / age)	How often / pattern	Severity / impact on daily life

Other important diagnoses, surgeries, hospitalizations, or relevant lab or imaging results:

Patterns I have noticed (worse with activity, infections, temperature, certain medications):

3. WHAT I AM WORRIED ABOUT

Possible condition(s) or main concerns (e.g. Ehlers-Danlos syndrome, connective tissue disorder, mitochondrial disease, medication side effects):

Why I think this might fit (how my symptoms, family history, or test results line up):

4. GENETIC TESTS AND REPORTS I ALREADY HAVE

Test name / type	Date / lab	Key results or notes

Sequencing reports from my Results section - report names and key findings I want reviewed (such as genetic variants or medication-related results):

5. FAMILY HEALTH HISTORY

Relatives with similar symptoms or known diagnoses — relationship, side of family, age, diagnosis:

Other relevant family history (early-onset disease, sudden death, recurrent miscarriages):

6. MEDICATIONS AND TREATMENT HISTORY

Current medications and supplements (names and doses):

Past medications that caused side effects or did not work well:

Genetic test results related to medications (if any):

7. MY GOALS FOR THIS APPOINTMENT

What I hope to get out of this visit (turn your concerns into clear requests):

Examples:

- Discuss whether my symptoms and history are consistent with a specific condition.
- Review my Sequencing reports and other genetic test results.
- Discuss whether any additional testing is needed (such as genetic testing, lab tests, or imaging).
- Consider referral to a specialist (geneticist, cardiologist, neurologist, rheumatologist).
- Discuss options for managing symptoms and long-term monitoring.

8. CHECKLIST – WHAT I WILL BRING

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| ☐ This completed advocacy sheet | ☐ Recent lab and imaging results |
| ☐ Sequencing reports (printed or PDF) | ☐ Clinic notes or discharge summaries |
| ☐ Screenshots from the Results section | ☐ Medication list |
| ☐ Other genetic test reports | ☐ List of questions I want to ask |

This sheet is for your personal use and to support discussion with your healthcare provider. It is not medical advice.