NATURE'S GOLD

FREE · BONUS GUIDE TWO

What to Say at Your Next Appointment

The words that get you a real conversation in a short appointment.

2

NATURE'S GOLD · BONUS GUIDE TWO

What to Say at Your Next Appointment

A short appointment moves fast. Here's how to fill the first ninety seconds so the rest of it goes somewhere useful. Print the second page and take it with you.

You've got about fifteen minutes and the first few are paperwork and blood pressure. How you open is most of what decides where the rest goes.

The problem isn't that your doctor doesn't want to help. It's that "I've been tired and kind of off" gives them almost nothing to work with, and they've got eleven more people in the waiting room. Specifics change the conversation. Numbers change it more.

THE ONE IDEA

Walk in with three things written down: what's happening, how often, and what it's costing you. Everything below is just a way of getting those three things said out loud in the first two minutes.

Before you go

Spend ten minutes on this the night before. It's the difference between remembering half of it and having it in your hand.

1 **Count two weeks**

Go back through the last fourteen days and count. How many nights did you wake up. How many times a day are the flushes. How many days did you feel like yourself. You don't need to be exact. "About five nights out of seven" is a real answer and it beats "pretty often" by a mile.

2 **Pick your top three and rank them**

Not everything that's going on. The three that are costing you the most. If you list nine symptoms you'll get a conversation about the least important one, because that's the one you happened to describe best.

3 **Write down one concrete thing you've had to change**

This is the part that lands. "I moved my client calls to afternoons because I can't be sharp before ten." "I stopped hosting." "I keep a change of clothes in my desk." One specific like that tells a doctor more about the size of the problem than any adjective you could pick.

4 **Bring the list of what you take**

Everything. Prescriptions, vitamins, supplements, the thing your sister gave you. Doses if you know them, or just bring the bottles in a bag. This matters for the conversation and it's the one thing people always leave at home.

The words

Use as much of this as fits. It's meant to be said out loud, so it's written the way people actually talk.

Opening, first thirty seconds

> **"I want to talk about what's been going on for the last few months. I wrote it down so I don't forget anything. The three big ones are _____, _____, and _____, and the sleep is the one I'd most like to fix."**

Saying you wrote it down does two things. It signals you've thought about this, and it buys you the next sixty seconds without getting redirected.

The numbers

> **"Over the last two weeks I've woken up in the night about _____ nights out of fourteen, and I'm up for roughly _____ minutes when it happens. The flushes are about _____ times a day. My last period was _____."**

What it's costing you

> **"The part that's hardest is _____. Because of it I've had to _____."**

Say the concrete change you wrote down. Don't soften it, and don't apologize for bringing it up. You're giving your doctor the information they need, not complaining.

Naming where you think you are

> **"I think this is perimenopause, but I'd like to hear what you think and whether anything else should be ruled out first."**

Saying what you suspect and then handing the question back is the version of this that works. It puts your read on the table without asking your doctor to just agree with it.

Four questions worth asking

> **"What are my options here, and what would you start with?"**
>
> **"Is there anything you'd want to test or rule out before we go down that road?"**
>
> **"How long before I'd know whether it's working, and what should I be watching for?"**
>
> **"Is there anything I'm taking that could be making this worse?"**

If you feel the conversation closing early

> **"I hear you. Before we finish, can we put in the notes that I brought this up and what we decided? And if this is still going on in eight weeks, what's the next step?"**

Asking for it in the notes isn't confrontational. It's the normal way to make sure today's visit connects to the next one, and it usually gets you another minute of real attention.

On your way out

> **"So to make sure I've got it, the plan is _____, and I should come back or call if _____. Is that right?"**

Repeating the plan back takes fifteen seconds and catches about half of all misunderstandings. Write down the answer in the parking lot while it's fresh.

Two things to keep in mind

Your doctor knows your history and you don't have all of it in front of you. If they steer somewhere you didn't expect, ask why rather than pushing back. Sometimes the answer is a good one.

And if you walk out feeling like you weren't heard, that's worth a second opinion. Not because your doctor did anything wrong, but because this is going to be an ongoing conversation over several years and it works far better with someone you can talk to. Asking for a referral to a clinician who focuses on menopause is a normal request and nobody will be offended by it.

MENTION IT IF IT APPLIES

Some things change the whole conversation and are easy to forget in the moment. Bleeding that's heavier than usual or that comes back after it had stopped. Chest pain or shortness of breath. Anything new happening to your vision. A family history of blood clots, stroke, or breast cancer. Say these out loud even if they feel unrelated.

This guide is for general wellness and to help you prepare for a conversation with your own clinician. It isn't medical advice, it isn't a substitute for an examination, and it isn't meant to diagnose or treat any condition. Decisions about testing and treatment are between you and your doctor.

© Nature's Gold · getnaturesgold.com · Support@getnaturesgold.com