



Long Covid Advocacy

Hello!

Thank you for downloading/printing out our medical notes. Our aim is to help make people's lives a little easier by helping you have the tools you need. Being prepared with medical notes can help you with HCP appointments and:

- Stores notes all in one place
- Enables planning for appointments
- Help with benefits planning
- Eases cognitive dysfunction & PEM

We would caveat to only take this binder to a clinician if you trust them. Going to appointments with too many notes or a file can cause accusations of health anxiety or hypervigilance, especially if you are a parent with a child. They are excellent for personal organisation but can be used against you, so be cautious.

If you need high quality professionally printed notes that come with a ring binder, tabs and notes, we have found a printer that does that (no affiliation) - [Dox Direct](#). We have also prepared a short video walking you through this process that is also on our [Long Covid Advocacy YouTube](#) Channel. There is also a free cover that comes with this planner and is also available on our toolkit webpage.

Please check out our website, longcovidadvoc.com for other resources and tools designed to support you. These include awareness raising T-shirts & Hoodies (perfect for a medical appointment), stickers; template letters; a how to assemble a Covid Emergency Protocol Box in case of reinfection & links to support & connect you.

Thank you for your support

Best Wishes

Long Covid Advocacy

You can tag us on Twitter or Bluesky @LongCovidAdvoc or Instagram @longcovidadvoc8 & we will share & spread the word!

RIGHTS



These documents are to be only used for personal use for those who have downloaded from us directly.

If an organisation or charity wishes to use these files - please contact us for permission - rights remain.

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About Me


Name				This is Me: 	
Address					
Link 2 Doc					
Email			Tel:		
GP			Surgery Address:		
NHS No					
♥ Helps	<input type="checkbox"/> Advocate Present	<input type="checkbox"/> Virtual Appoint.	<input type="checkbox"/> HCP Mask	<input type="checkbox"/> Record Appointment	
Best Time	AM	PM	Next of Kin	Tel:	
I Have:	<input type="checkbox"/> PEM Post Exertional Malaise	<input type="checkbox"/> Medical PTSD	<input type="checkbox"/> Sensory Needs	<input type="checkbox"/> Cognitive Dysfunction	
♥ Helps	<i>i.e low lighting - HCP reviewing my notes 1st to reduce effort - sunglasses Understanding - place to lie down - pharmacy home delivery - home visits</i>				
My Diagnoses					
HCPs Involved in My Care	Name:		Contact:		
	Name:		Contact:		
	Name:		Contact:		
	Name:		Contact:		
What I'm Good At					
My Dreams					
Interests					



Covid History

Start of Covid Infection:		Source:		Positive Test:	
No. of Household Affected:		Symptoms:			
Severity:					
End of Infection:					
Start Post-Acute Symptoms:					
Medical Intervention:					

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End of Infection:					
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Medical Intervention:					



Vaccinations

Vaccination:		Place of Vax:	
Make:		Batch No:	
Date:		Appoint. Ref:	

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Functional Capacity

Yes	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ADL	At worst	Average	At best	Needs Help	Modifications
Getting up in morning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take care of pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to bed, chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate digitally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedbound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housebound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Functional Capacity

ADL	At worst	Average	At best	Needs Help	Modifications
Walk 50-100m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk 400m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk 1000m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT work/study - onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FT work/study - onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT work/study - home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FT work study - home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity outside work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solitary leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remember names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to nap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to lie down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worsening after activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Impact

How having my condition makes me feel

How my condition impacts my life



Impact

How my condition impacts my family

How my condition has been treated by the medical profession



Appointment Summary

Name of HCP		Position			
Location		Date		Cost	

Symptoms/Points to raise	Tests to ask for	Response

Questions for HCP	Answers from HCP

Medical Evidence/Research	



Appointment Summary

Relevant Medical History

Comments by HCP

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Actions, Follow up, Referrals

Medication, Treatment Prescribed

Issues, Comment about Appointment

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Healthcare Providers

Healthcare:	<i>i.e Dentist</i>	Clinic/Org:	<i>Heart Surgery</i>	
Name:		Position:		
Address:			Parking:	
			Covid Safe:	
Email:		Tel:		

Healthcare:	<i>i.e Optician</i>	Clinic/Org:	<i>Heart Surgery</i>	
Name:		Position:		
Address:			Parking:	
			Covid Safe:	
Email:		Tel:		

Healthcare:	<i>i.e Chiropodist</i>	Clinic/Org:	<i>Heart Surgery</i>	
Name:		Position:		
Address:			Parking:	
			Covid Safe:	
Email:		Tel:		

Healthcare:	<i>i.e Vet</i>	Clinic/Org:	<i>Heart Surgery</i>	
Name:		Position:		
Address:			Parking:	
			Covid Safe:	
Email:		Tel:		

Healthcare:		Clinic/Org:	<i>Heart Surgery</i>	
Name:		Position:		
Address:			Parking:	
			Covid Safe:	
Email:		Tel:		



Notes

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