INDO-BRITISH ADVANCED PAIN CLINIC
RELIEVE ★ REGENERATE ★ REHABILITATE

PATIENT VISIT SHEET

My hip pain visit goal

Choose one everyday activity you would like to make easier.

Name _____ **Visit date** _____

01 **One activity I want to make easier:**

02 **When it becomes difficult and what happens afterwards:**

03 **How I would know the plan is helping:**

04 **One question to ask at my visit:**

05 **Notes from the conversation and next steps:**

Use this sheet to prepare for a conversation with your clinician.
Your notes are for you to keep and bring to the visit.