

## How to make the most of your appointment:-

### Rehearse what you want to say

The [GP will kick off](#) with an open question like: “What brings you here today?” This is an invitation to tell your story. Evidence suggests that if you are allowed to talk uninterrupted for 90 seconds, you’ll be able to impart the key details. In most cases, the GP will make a diagnosis on the basis of what you say, backed up by examination and some basic tests if needed. Doctors are trained to listen out for “[red flags](#)” that suggest you may have a serious underlying problem.

So if you say you’ve had unexplained weight loss, blood in your poo or a new breast lump, expect further detailed questioning and urgent referral. Other diagnoses are made by recognising a pattern of typical symptoms that strongly suggest a particular cause. If you say you’ve had an attack of severe pain in your right upper abdomen and right shoulder with nausea and vomiting that started after a large, fatty meal, your doctor will assume you’ve got [gallstones](#). That will mean blood tests, a scan and possibly referral for surgery. But if you say you’ve had an attack of pain behind the breastbone and both shoulders with lots of burping, that suggests [acid reflux](#) which is treated with dietary advice and medication.

### Keep it clear and jargon-free

In the bad old days of paternalistic medicine, people were labelled as being “poor historians”. This was shorthand for doctors’ frustration when they just couldn’t get a clear story. These days the problem is often that the doctor is too rushed, doesn’t listen carefully or fails to ask the right open-ended questions. But there is no doubt that some people are clearer than others. Doctors make the worst patients in my experience; they pre-empt the diagnosis – not always correctly – and use medical jargon instead of describing what’s actually happening to them. People often Google their symptoms, find a diagnosis and then mould their story to fit. The “best historians” write down their symptoms and just tell it as it is. It’s fine to discuss what you’re worried about at the end of the account. “I’ve had tingling in my right hand and pain in my neck for the past week since I got back from a cycling holiday. I’ve never had it before and it’s getting better now.” That says “trapped nerve” to the GP but if you’re worried that you may have [multiple sclerosis](#), you should say so.

It can be good to take someone with you for support and as another pair of ears. They may have witnessed a seizure or have important information. But don’t let them talk over you or interrupt. I am amazed at how many people in their 20s let their mums talk for them and how often spouses contradict their partner’s account.

### Don’t be coy

By all means ask for a chaperone for intimate examinations; all GP surgeries offer the service. But don’t waste precious time apologising for having an “intimate” problem. Similarly, don’t worry about shaving; the doctor won’t notice or care. Best to be honest, clear and use accurate language. You may feel embarrassed but the GP won’t be. So if you have a smelly vaginal discharge and suspect you left a tampon in

over a week ago, do say so. If you have no difficulty getting an erection but suffer from premature ejaculation, it's so much better to describe what happens than to mumble about "something wrong down there".

Patients may feel embarrassed discussing intimate problems but the GP won't be.  
Photograph: SolStock/Getty Images/iStockphoto

### **Access all areas**

Be prepared to show the body part that you're concerned about. It sounds obvious, but people often pitch up to discuss their fungal toenails with every nail painted a dark and impenetrable colour. Or they have a rash on their calf but are wearing skinny jeans and knee high boots. It's understandable why teenage girls with facial acne like to wear thick foundation but this needs to be wiped off before the appointment if the acne's severity is to be assessed.

### **Bring data – and urine**

Data is helpful; recording your weight, blood pressure, blood sugar levels, date of your last period, last seizure or migraine and details of possible allergies can all add valuable information if they relate to the problem you want to discuss. And if you think you may have a urine infection, it's great to produce a fresh sample with a flourish as you describe your symptoms of pain and frequent urination. The GP can check it on the spot, confirm your diagnosis, prescribe an antibiotic, check your blood pressure and still have time for a relaxed chat about your holiday. You'll be in and out within the 10 minutes; sometimes that's all it takes.