A USEFUL PLACE TO START

my ENT visit checklist.

A simple worksheet to organize what happened, what changed, and what you want to ask.

APPOINTMENT DETAILS

DATE AND TIME _____

CLINIC / CLINICIAN _____

MAIN REASON FOR VISIT _____

WHERE IS THE PROBLEM?

- [ ] ear or hearing
- [ ] swallowing
- [ ] nose or sinus
- [ ] balance / dizziness
- [ ] throat or voice
- [ ] neck or face

HOW DID IT BEGIN?

- [ ] suddenly
- [ ] after an event
- [ ] gradually
- [ ] constant
- [ ] after an illness
- [ ] comes and goes

the symptom timeline

FIRST NOTICED _____

BETTER, WORSE OR UNCHANGED? _____

SEVERITY TODAY, 0-10 _____

LEFT, RIGHT OR BOTH? _____

HOW OFTEN? _____

HOW LONG DOES IT LAST? _____

WHAT MAKES IT WORSE?

- [ ] lying down
- [ ] noise
- [ ] eating / drinking
- [ ] weather / pollen
- [ ] exercise
- [ ] flying / pressure

SOMETHING ELSE _____

WHAT HELPS?

- [ ] rest
- [ ] medicine
- [ ] fluids
- [ ] warmth / steam
- [ ] saline
- [ ] nothing yet

WHAT HELPED MOST? _____

details worth remembering

- [ ] recent cold or flu
- [ ] fever
- [ ] swimming / water
- [ ] smoke / vaping
- [ ] seasonal allergies
- [ ] recent flight
- [ ] loud-noise exposure
- [ ] new medicine

!

TELL THE CLINIC WHEN BOOKING

Mention sudden hearing loss, trouble breathing or swallowing, severe swelling, a major injury, or any symptom that feels urgent or is getting worse quickly. The clinic can guide the next step.

BRING THE USEFUL DETAILS

questions, medicines & notes.

Fill in what you know. Leave the rest blank. The point is to make the conversation easier.

medicines & supplements

NAME	DOSE	HOW OFTEN

ALLERGIES OR REACTIONS

PAST PROCEDURES OR RELATED HISTORY

my three questions

1.
2.
3.

QUESTIONS PEOPLE OFTEN FORGET TO ASK

- ☐ What are the likely causes?
- ☐ Do I need any tests?
- ☐ What should make me call sooner?
- ☐ What can I do at home?
- ☐ When should I improve?
- ☐ When should I follow up?

notes from the visit

- ☐ I understand the next step
- ☐ I know when to follow up
- ☐ I asked my main question