My DISH visit planner

Bring this page, your medication list and previous images or reports. Choose one or two priorities for the visit.

Name (optional) _____ Visit date / clinician _____

1. What I most want help with

Name an activity or concern: turning my head, walking, swallowing, sleep or a new symptom.

2. What has changed, and when?

Note any fall or impact, new pain, weakness, numbness, balance change or swallowing difficulty.

3. My activity goal

I would like to be able to... / At present I can...

4. Useful information to bring

- ☐ Previous images and reports; medication and supplement list; allergies.
- ☐ What I have tried, whether it helped and any unwanted effects.
- ☐ Past fractures, falls, difficult intubation or planned surgery; long-term retinoid use.

5. Questions to agree on together

- ☐ Which symptoms are likely related to DISH? What else needs checking?
- ☐ What movement or physical therapy is suitable for me?
- ☐ Do my neck movement or swallowing symptoms affect a planned procedure?
- ☐ What should I do next, and when should we review progress?

6. Our plan / follow-up / whom to contact

Do not wait for a routine visit if new neck or back pain follows a fall or impact. Seek urgent assessment that day. New weakness, difficulty walking, loss of bladder or bowel control, or serious breathing difficulty requires emergency help now.

Keep completed pages privately; this is a personal planning sheet, not an online submission.

Clinical content reviewed October 30, 2026