THE PREVELITY LIBRARY

COMPANION GUIDE

Bring It to **Your Doctor.**

How to prepare for a visit, ask the questions that matter, ask for a test, disagree respectfully — and bring a prevention plan to the physician you already trust.

FREE PREVIEW EDITION

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PRE-VELITY

INNOVATIVE PREVENTION, PERSONALIZED FOR LONGEVITY.

FOREWORD

The most powerful tool in medicine is a good conversation.

Most of what goes wrong in a doctor's visit isn't medical. It's a missed question, a symptom mentioned at the door, a result nobody explained, a plan that made sense in the room and vanished by the parking lot.

I've sat on both sides of that desk. As a physician, I know what fifteen minutes feels like when a patient arrives with a list of twelve concerns and no order to them. As a son, a husband, and a patient, I know what it feels like to leave a visit realizing I never asked the thing I came to ask.

This guide is the practical skill set that closes that gap. None of it requires medical training. It requires preparation, a few well-chosen questions, and the confidence to treat your doctor as a partner rather than an oracle.

It is also the heart of how PreVelity works. We don't replace your doctor — we add a layer of prevention above your care and hand the plan to you and your PCP. That handoff only works if the conversation on your doctor's side goes well. So we wrote down how to make it go well.

WHAT THIS IS — AND ISN'T

A communication guide, not medical advice.

Nothing here tells you what's wrong or what to do about it. It helps you get the most out of the physicians who can. If you have urgent symptoms — chest pain, trouble breathing, signs of stroke — stop reading and call 911.

DR. PATRICK MULLEN, MD
FOUNDING PHYSICIAN · PREVELITY

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SECTION 01

01.

Why the Conversation Matters.

Your doctor has minutes. You have your whole life. The visit goes best when you bring the part only you can bring.

INSIDE THIS SECTION

Fifteen minutes, one of you · You are the constant · What a good visit looks like

THE REALITY

Fifteen minutes, one of you.

A typical primary care visit is short, and a meaningful share of it goes to the computer: documentation, orders, coding. Physicians are often pressed for time before the first question is asked. That isn't a complaint about doctors — most of us went into medicine to do exactly the listening the schedule squeezes out. It's simply the terrain.

The good news is that the terrain rewards preparation more than anything else. A prepared patient with three clear questions will get more from fifteen minutes than an unprepared one gets from forty-five.

> Treat your doctor as a partner, not an oracle — and give them what they need to be a good one.
>
> THE PREMISE OF THIS GUIDE

YOU ARE THE CONSTANT

Everyone on your team sees a slice. You see the whole.

Your PCP, your cardiologist, your dermatologist, your urgent-care visit last spring, the lab across town — each holds a piece of your record, and they don't always talk. The one person present at every appointment is you. That makes you, whether you asked for the job or not, the coordinator of your own care.

You don't need to become a clinician to do it well. You need to carry three things between rooms: **what's changed**, **what's been decided**, and **what you still want answered**.

FIGURE 01 · WHAT A GOOD VISIT LOOKS LIKE

PREPARE · ASK · CONFIRM · FOLLOW THROUGH.

BEFORE

Prepare

A one-page brief: your headline, your top three questions, what's changed.

→

DURING

Ask & confirm

Lead with the headline. Ask the four questions. Repeat the plan back in your own words.

→

AFTER

Follow through

Results, referrals, and next steps — written down, with a date to check in.

Most of this guide is simply how to do each of these three things well.

SECTION 02

02.

Before the Visit.

The ten minutes you spend preparing are worth more than the extra ten minutes you wish you had in the room.

INSIDE THIS SECTION

Your one-page brief · The headline · Family history · What to bring — and what to leave

YOUR ONE-PAGE BRIEF

Everything your doctor needs, on one sheet.

Write it the night before. Keep it to a single page — if it doesn't fit, it isn't prioritized yet. Hand a copy to your doctor at the start, or send it through the patient portal a day or two ahead. Many physicians will read it before they walk in.

01

Your headline.

ONE SENTENCE

The single most important reason you're here. "I've been short of breath climbing stairs for six weeks." Not a list — a headline.

02

Your top three questions.

IN PRIORITY ORDER

If you only got one answered, which would it be? Put that first. Anything past three goes in a portal message or a follow-up visit.

03

What's changed since last time.

NEW · WORSE · BETTER

New symptoms, new diagnoses elsewhere, hospital or urgent-care visits, new family diagnoses, big life changes.

04

Everything you take.

INCLUDING SUPPLEMENTS

Prescriptions, over-the-counter medicines, vitamins, supplements, and anything you take "as needed" — with doses. Supplements interact with medications more often than people think.

05

Recent results from elsewhere.

SUMMARIES, NOT STACKS

If you've had labs, imaging, or a prevention workup outside this office, bring the summary and the two or three findings you want to discuss.

DESCRIBING A SYMPTOM

Give it a timeline, not an adjective.

"I've been exhausted" is hard to act on. "Since March, I need a nap most afternoons, and I've stopped my Saturday ride" gives your doctor something to work with. For any symptom, try to answer: **when it started, how often, how bad (0–10), what makes it better or worse, and what it's stopped you from doing.**

FAMILY HISTORY

The most underused test in medicine is free.

Your family's health history shapes screening decisions more than almost any blood test. The details that matter most are **who** (parent, sibling, child, grandparent, aunt, uncle), **what** (the specific diagnosis), and **at what age**. "My dad had heart trouble" is a start. "My father had a stent at 52" changes what your doctor recommends.

WORTH A PHONE CALL

Ask your relatives before you need the answer.

Heart attacks, strokes, or sudden deaths before 55 in men or 65 in women · cancers before 50, or several cancers on one side of the family · diabetes, high cholesterol, or kidney disease · dementia and the age it began · any known genetic test result in the family. Write it down once; you'll use it for the rest of your life.

WHAT TO LEAVE AT HOME

Bring data, not dumps.

Three hundred pages of wearable data, a folder of printed articles, or a twelve-item list will not get read in fifteen minutes — and can bury the thing that matters. Summarize what you've noticed ("my resting heart rate has crept up about 8 beats over three months") and let your doctor ask for more.

END OF THE FREE PREVIEW

The rest of this guide.

You have the preparation. The complete edition covers what happens in the room — the four questions that change a visit, how to ask for a test and understand the answer, how to disagree without damaging the relationship — plus fill-in worksheets and message templates you can use this week.

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How to ask · why the answer is sometimes no · when to accept it · when to self-pay

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