

A FREE PLAYBOOK From The “AI OVER 50” Library

The Doctor Visit Toolkit

How to prepare for, sit through, and follow up on any doctor appointment so you walk in armed and walk out with a plan.

Built for adults over 50 who have learned that 12-minute appointments + your memory + your worry + panic = bad outcomes.

INSIDE

- The Pre-Visit Brief your doctor reads in 30 seconds
- Question lists for primary care and specialist visits
- During-visit notes template + the tell-back technique
- The Lab Results decoder
- Insurance denial appeal letter template
- Second opinion request kit
- How AI makes every step easier — without replacing your doctor

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ai-over-50.com

Why this toolkit exists

The average primary-care appointment in the United States is 12 minutes. The average specialist appointment isn't much longer. Inside that window, your doctor has to take your history, do the exam, decide on a plan, document the encounter, and (usually) order whatever comes next.

This is not their fault. The system bills them by the visit, schedules them tighter every year, and rewards documentation over conversation. They want to spend more time. They can't.

What that means for you, especially after 50: most of the work that used to happen inside the appointment now happens outside of it.

The five things that get squeezed out of a 12-minute visit

- Gathering a complete history (you have to bring it in, organized)
- Explaining lab results in plain English (you'll need to decode them yourself or wait days for a portal note)
- Talking through realistic options (you get the default plan, not the conversation)
- Appealing an insurance denial (no one in the office has time)
- Coordinating across specialists (the chart helps, but it doesn't replace someone watching the whole picture)

THE PROMISE

This toolkit gives you the templates and habits to do that outside-the-visit work in a fraction of the time it used to take. Paired with AI — which can decode labs, draft appeal letters, and prep specialist questions in 90 seconds — it turns you into the project manager of your own healthcare. Not because your doctor is failing you. Because the system is asking you to step up.

Every page is built to be photocopied, printed, or filled in by hand. Use what helps. Skip what doesn't. None of this replaces your doctor — all of it makes the time with your doctor count.

The Pre-Visit Brief

The one-page summary you hand the nurse at check-in. Your doctor reads it in 30 seconds before walking in. Organized patients get measurably better appointments.

Why it works

Most doctors are trained on the SOAP note format:

- Subjective,
- Objective,
- Assessment,
- Plan

When you arrive with information already in that shape, the doctor's brain locks in faster, the history-gathering portion gets compressed, and you free up minutes for the conversation you actually came for.

The template:

CHIEF COMPLAINT (1 sentence)

The single reason for this visit, in your own words. Example: 'Three months of intermittent right-side abdominal pain after meals, worse with fatty foods.'

TIMELINE (3-5 bullets)

When it started · How often it happens · What makes it better · What makes it worse · What's changed in the last week or two.

WHAT I'VE TRIED (with results)

Over-the-counter medications, dietary changes, rest, exercise modifications. What helped, what didn't, what made it worse.

CURRENT MEDICATIONS + SUPPLEMENTS (formatted clean)

Name · Dose · Frequency · Started when. List everything, including 'as needed' meds, vitamins, herbal supplements, and over-the-counter regulars. Hand-write it or print from your pharmacy's app — but bring it.

MY THREE QUESTIONS

Three specific questions you want answered before leaving. Not 'what do you think?' — questions that have actual answers. Example: 'Should I be tracking my blood pressure at home daily?' or 'When do I follow up if this doesn't resolve?'

The AI accelerator

Paste your situation into a free AI chat (Gemini, ChatGPT, or Claude) and ask it to format your information into a one-page brief in this structure. It takes 60 seconds. The [full prompt for this lives at ai-over-50.com](#) — see the doctor-prep page (link on the last page of this toolkit).

The Question Lists

Walk in with questions written down. The doctor doesn't mind.

The good ones welcome it.

For primary care visits — 10 questions

- What's the most likely cause of what I'm describing — and what are the runners-up?
- What would change your mind about the diagnosis?
- Which test, if you ordered just one, would tell you the most?
- If we treat this with the simplest option and it doesn't work, what's plan B?
- How will I know if this is getting worse vs. just lingering? What's the call-you threshold?
- Is there anything in my current medication list that could be contributing?
- Is there a lifestyle change with real evidence behind it for this specific issue?
- When do you want to see me back, and what should I track in the meantime?
- Is there anything you would do differently if I were your parent / spouse / sibling?
- What's the one thing about my overall health you wish I'd ask about but I never do?

For specialist visits — 8 questions

- How many of my exact condition do you see in a typical month?
- What outcomes are realistic for someone with my profile?
- What's the conservative ('watch and wait') path? When does that stop being right?
- What's the most aggressive path you'd consider? What does it buy me?
- If we choose treatment, what does success look like in 3 months? 12 months?
- What are the side effects or risks that most patients underestimate?
- Is there a second opinion or specialist sub-type worth consulting before we commit?
- What can I do between now and our next visit that would meaningfully help?

THE THREE LEVEL-UP QUESTIONS

These three surface a doctor's real read in any specialty. Use sparingly — but they work.

1. "If you couldn't order any more tests, what would your best guess be?"
2. "What would change your treatment plan?"
3. "What's the version of this conversation you wish patients had with you more often?"

During the visit

Two simple habits that prevent 80% of post-visit confusion.

Habit 1 — Write down their words, not your interpretation

After the appointment, the human brain compresses what was said into what you wish was said. The fix: write down their exact phrases as they say them. Two columns work well — their words on the left, your follow-up questions on the right.

Notes template

WHAT THEY SAID (their words)

Diagnosis / impression · Test results discussed · Treatment plan · Medication changes · Follow-up timing · Symptoms to watch for · When to call

WHAT I NEED TO ASK BEFORE I LEAVE

Anything they said that I don't fully understand · Words I need defined · Numbers I want repeated · Names of medications spelled out · Times and dates of next steps

Habit 2 — The tell-back technique

Before leaving, say one sentence: "Let me make sure I have this right. You're saying that I should do A, B and C?"

This catches misunderstandings before they become medical errors. Doctors love it — it confirms the plan is heard correctly without making them feel quizzed.

Recording the visit

In most US states, recording your own doctor's appointment is legal (one-party consent). Always ask first — most doctors are fine with it for older patients with a lot to remember. Some clinics require you to ask the receptionist. The doctor's recording becomes your reference if you forget something later, can be shared with a spouse or adult child, and can be transcribed by AI in 30 seconds for a written record.

ONE WARNING

Two-party-consent states (California, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, Nevada, New Hampshire, Pennsylvania, Washington) require both parties to consent. Always ask first. If the doctor says no, respect it — but most don't.

The Lab Results Decoder

Your lab portal shows you 14 numbers, some in red. Your doctor will get to it next week. Here's what to look at tonight without panicking.

What 'normal range' actually means

Reference ranges are statistical — they cover the middle 95% of the lab's tested population. Being slightly outside the range often means nothing. Being well inside the range doesn't always mean optimal. Context (age, sex, medication, time of day, fasting status, recent exercise, hydration) matters more than a single flag.

The 5 most-confusing panels (quick read)

Complete Blood Count (CBC)

- Hemoglobin / Hematocrit — measures oxygen-carrying capacity. Low = anemia. Verify with iron studies before assuming.
- White Blood Cells (WBC) — fights infection. High with no infection? Often stress, recent vaccination, or normal variation.
- Platelets — clotting. Very low or very high warrants a follow-up.

Lipid Panel (Cholesterol)

- LDL — the 'bad' one. Targets shift based on cardiovascular risk; ask your doctor what YOUR target is, not the population average.
- HDL — the 'good' one. Higher is better; under 40 in men or 50 in women warrants attention.
- Triglycerides — sensitive to recent meals and alcohol. Fast 12 hours before retesting if first result was elevated.

Hemoglobin A1C

- Average blood sugar over 3 months. Under 5.7% normal; 5.7-6.4% prediabetic; 6.5%+ diabetic. Lifestyle changes can move 0.3-1.0% in 3-6 months.

Thyroid (TSH, sometimes Free T4)

- TSH is INVERSE — high TSH usually means thyroid is underactive. Symptoms matter as much as the number; ask if your dose needs adjusting based on how you feel, not just the lab.

Kidney Function (Creatinine + eGFR)

- eGFR estimates kidney filtration. Drops slightly with age — under 60 sustained warrants a nephrology conversation. Hydration affects single readings.

RED FLAGS THAT WARRANT CALLING (not waiting)

Hemoglobin under 10 or significantly below your usual · A1C above 8 · Potassium under 3.0 or over 5.5 · Creatinine that jumped >0.3 from your last result · Any 'critical' flag the lab put in red · Anything labeled 'panic value' on the report

The AI accelerator

Paste your lab report into a free AI chat and ask it to walk through every value against YOUR profile (age, sex, medications, conditions). The full prompt is on the doctor-prompts page at ai-over-50.com. Takes 90 seconds; gives you a plain-English read your doctor would deliver if they had 15 spare minutes.

When they deny and/or When you need a second opinion.

Insurance denial appeal — the framework

Insurance denials are overturned 30-70% of the time on appeal. Most people just don't appeal. Here's the structure that works.

The 4 elements of an effective appeal letter

- Reference your plan's medical-necessity criteria by name (every plan has them; ask for them in writing)
- Attach a Letter of Medical Necessity from your doctor (template below)
- Cite peer-reviewed evidence if the denial called the treatment 'experimental' (your doctor or AI can surface this)
- Request specific reconsideration, not generic appeal — and put the deadline reference in the first paragraph

Letter of Medical Necessity — what to ask your doctor to include

- Specific diagnosis with ICD-10 code
- Why the requested service is medically necessary for your specific case
- What alternatives have been tried or considered and why they're not appropriate
- The expected outcome and how it changes if denied

THE ESCALATION PATH

1. INTERNAL APPEAL — first level, written, within plan's deadline (usually 30-180 days from denial)
2. EXTERNAL REVIEW — independent third party, legally required for most plans, overturns 50-80% of denials
3. STATE INSURANCE COMMISSIONER — files complaint; carriers respond fast to these
4. MEDICARE OMBUDSMAN — for Medicare Advantage denials, bypasses the insurer
5. NO SURPRISES ACT CHECK — if the denial leads to balance billing from an out-of-network provider, federal law may protect you

Second opinion — the do-it-yourself version

Concierge services like Mayo Clinic Connect charge \$5,000+. Most insurance won't pay. You can DIY a real second opinion that an academic medical center will respond to.

The four-piece packet

- Your medical records — complete history, recent labs, imaging, pathology if applicable. Hospital release forms get this. Allow 7-14 days.
- A 1-page physician-to-physician case summary — concise, clinical, no marketing tone. AI can draft this in 5 minutes from your records.
- Your specific questions for the second specialist — 4-6 sharp ones. Not 'what do you think?' Specific.
- The cover letter — 3-4 sentences in your voice explaining what you're hoping to learn.

Where to send it

- Academic medical centers usually accept second-opinion requests through patient portals or dedicated phone lines
- Disease-specialized centers (Mayo, Cleveland Clinic, Memorial Sloan Kettering for cancer, etc.) have remote second-opinion programs — typical cost \$500-3,000
- Many programs offer virtual / remote review without travel

After the second opinion

If the two opinions agree, you have confidence. If they disagree, ask each specialist to explain why they'd choose differently. The disagreement itself is informative.

The pattern going forward

If you only take one habit from this toolkit, take this one: AI prep before every appointment, AI debrief after.

Before the appointment (15 min, the night before)

- Paste your situation into a free AI chat (Gemini, ChatGPT, or Claude)
- Ask it to build the Pre-Visit Brief in the template on page 3 of this toolkit
- Ask it for your specific question list for this visit and this specialty
- Print the brief. Tape your three questions to the back.

During the appointment

- Hand the brief to the nurse at check-in
- Use the notes template on page 5 — their words on one side, your follow-up questions on the other
- Use the tell-back technique before leaving

After the appointment (10 min, same evening)

- Paste your visit summary or notes into the same AI chat
- Ask it to (a) decode anything you didn't understand, (b) draft any insurance pre-authorization request needed, (c) build the symptom-tracking sheet for between now and follow-up

When labs come back

- Paste the results into the AI chat with your profile
- Ask it to walk through every value and flag what's genuinely concerning vs. routine variation
- Bring questions to the follow-up rather than waiting for your doctor's callback

THE FREE PROMPTS

The exact AI prompts for each of these steps live on the AI Over 50 site, free, no sign-up:

ai-over-50.com/doctor-prompts-7n3p.html

Five prompts — pre-visit prep, specialist prep, lab decoder, insurance appeal, second opinion. Copy-paste them. They work on any free AI tool.

If this toolkit helped, the book goes much deeper

AI Over 50: Opportunity Just Knocked is the 92-page no-BS guide written by two people over 50 who've been in publishing and software since 1991. It covers AI for healthcare, finances, scams, career, learning, travel, and more — written for adults 50+ by people who actually are.

ai-over-50.com/book.html

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*AI tools and this toolkit are not substitutes for medical professionals. Use them to prepare for and follow up on appointments — not to replace them. For anything urgent — chest pain, breathing trouble, possible stroke, severe bleeding — **call 911 first.***

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Our “AI Over 50” book is authored by Levi Jonathan Mizel with Scott Covert.