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# The GP Appointment Maximiser

HOW TO GET MORE FROM YOUR 10-MINUTE GP APPOINTMENT

Practical strategies to ensure your concerns are heard, the right tests are ordered,  
and you leave with a clear plan rather than vague reassurance.

HUSSAIN SHARIFI

Private Health Intelligence

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# The 10-Minute Problem

Your GP has approximately 10 minutes per consultation. In that time, they need to greet you, review your history, listen to your concerns, examine you, form a differential diagnosis, order investigations, prescribe treatment, and document everything. The maths does not work. Unless you come prepared.

This guide teaches you how to structure your appointment so that you get the most out of every minute, leave with the outcomes you need, and build a productive relationship with your GP.

## Before the Appointment

### 1. Write down your symptoms in advance

Use the SOCRATES framework that doctors are trained on. This immediately signals that you are organised and helps your GP process information faster:

- Site: Where exactly is the problem?
- Onset: When did it start? Suddenly or gradually?
- Character: What does it feel like? Sharp, dull, burning, aching?
- Radiation: Does it spread anywhere?
- Associations: Any other symptoms occurring alongside?
- Time course: Is it constant, intermittent, getting worse?
- Exacerbating/relieving: What makes it better or worse?
- Severity: On a scale of 1-10, how much does it affect your daily life?

### 2. Know your medication list

Bring a current list of all medications, supplements, and over-the-counter products you take. Include doses and frequency. Many GPs are not aware of the supplements their patients take, and interactions are common.

### 3. Prepare your one key question

What is the single most important thing you want from this appointment? A referral? A specific blood test? A medication review? Know this before you walk in. If you have multiple concerns, book a double appointment or prioritise the most urgent one.

## During the Appointment

### 4. Lead with the headline

Do not bury the lead. Start with: "I am here because..." followed by your primary concern in one sentence. This frames the conversation and prevents the appointment from meandering.

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## 5. Use specific language

Instead of "I feel tired all the time," try: "I have had persistent fatigue for 3 months that is affecting my ability to work and exercise. I sleep 8 hours but wake unrefreshed. I would like my thyroid, ferritin, B12, and vitamin D levels checked." This is specific, timeframed, and actionable. GPs respond to it very differently.

## 6. If your GP says no to a test or referral, ask them to document the refusal

This is not confrontational. It is your legal right. If a GP documents that they declined to investigate a symptom, and that symptom later turns out to be significant, the documentation protects both of you. In practice, many GPs will reconsider when asked to record a refusal.

## 7. Ask: "Is there anything else this could be?"

Anchoring bias is real in medicine. Once a GP forms an initial impression, they may not consider alternatives. This question gently forces a broader differential diagnosis without being confrontational.

## 8. Ask: "What are the red flags I should watch for?"

This tells you when to come back urgently and demonstrates to your GP that you are a reliable, engaged patient who can be trusted with safety-netting information. GPs are more likely to take a conservative approach with patients they trust.

## After the Appointment

### 9. Request a copy of any referral letters

You are entitled to see what your GP writes about you. Referral letters sometimes contain errors or omit important details. Checking them ensures the specialist receives accurate information.

### 10. Follow up proactively

If blood tests were ordered, ask when to expect results and how they will be communicated. If a referral was made, ask for the approximate timeline and what to do if you have not heard within that period. Do not assume the system will chase itself.

### 11. Keep a health diary

Between appointments, note symptoms, their frequency, and anything that helps or worsens them. Over time, this becomes an invaluable clinical document that makes every future appointment more productive.

## Phrases That Change the Conversation

Certain phrases prompt different clinical thinking. Here are some that experienced patients use:

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- "I have read the NICE guidelines on this and I understand the recommended pathway is..." (shows you have done research)
  - "Could you explain why this is not indicated?" (instead of arguing)
  - "I would like this documented in my notes" (ensures accountability)
  - "I am not comfortable with watchful waiting. Can we discuss a more active approach?" (asserts your preference)
  - "Would you be open to a second opinion?" (introduces the idea without confrontation)

Need personalised guidance? Book a confidential consultation.

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