
A FREE PRINTABLE GUIDE

Talking to your doctor about your *mental health*.

You do not need a psychiatrist to get started. Your regular doctor can help, and the visit goes much better when you walk in prepared. This guide gets you ready in about twenty minutes, plus two weeks of quick notes.

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Shaina Bushnell

WRITER · SUICIDE PREVENTION ADVOCATE

Your regular doctor is a *real* place to start.

Most people think the first step is finding a therapist or a psychiatrist, and then they stall, because that search is hard. Here is what almost nobody tells you: primary care doctors handle depression and anxiety every single day. It is one of the most common reasons people come in.

What they can do for you

- **Screen you.** You may be handed a short questionnaire. The two most common are the PHQ-9 for depression and the GAD-7 for anxiety. They take about two minutes each, and there are no wrong answers.
- **Rule out physical causes.** Thyroid problems, low vitamin B12 or vitamin D, anemia, poor sleep, and some medications can all look and feel like depression or anxiety. A simple blood test can check.
- **Start treatment.** They can prescribe and manage common medications for depression and anxiety, and adjust them over time.
- **Refer you.** To a therapist, a psychiatrist, or a program, often with names that take your insurance.
- **Put it on the record.** Which matters later if you need time off work, accommodations, or disability paperwork.

If you are nervous about being judged

That fear is normal, and it keeps a lot of people home. Your doctor has had this exact conversation hundreds of times. You are not going to shock them. You are not wasting their time. And if a doctor does brush you off, that tells you about the doctor, not about you. You are allowed to see a different one.

What this guide is

A preparation tool. It helps you describe what is happening clearly, in the ten to fifteen minutes you will actually get. It is not medical advice, and it cannot diagnose anything. That part is the doctor's job. Your job is just to show up with good notes.

Getting ready for the *visit*.

When you book

Say the real reason. If you book for “a checkup” you may get a short slot with no room for this conversation. You can say exactly this:

“I’d like an appointment to talk about my mental health. Can you make sure there’s enough time for that?”

You do not owe the front desk more detail than that. If leaving the house is part of the struggle, ask about a telehealth visit.

Settle the money questions first

- ☐ Is this doctor in my insurance network? What is my copay for an office visit?
- ☐ No insurance? Ask for the self pay price, and ask if they offer a sliding scale. Community health centers charge based on income. Find one at findahealthcenter.hrsa.gov.
- ☐ Does my job have an Employee Assistance Program? Many offer a few free counseling sessions, and most people never use them.

Bring with you

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|---|---|
| ☐ Your two week tracker (next pages) | ☐ Every medication and supplement you take, with doses |
| ☐ Your script page, filled in | ☐ Your insurance card and ID |
| ☐ Your list of questions | ☐ A person you trust, if that would help |

Family history, if you know it

Depression, anxiety, bipolar disorder, substance use, or suicide in your family. It is fine to write “not sure.”

The one thing I most want help with

Your two week *tracker*.

One minute a day, at the same time each day. Doctors ask “how long has this been going on, and how often?” and in the moment, most of us blank. This answers for you. If your appointment is sooner than two weeks, bring whatever you have.

DATE	SLEEP hours	MOOD 1 to 10	ENERGY 1 to 10	ANXIETY 1 to 10	APPETITE less, same, more	NOTES what happened, what helped, what made it worse

Mood and energy: 1 is the lowest you get, 10 is your best. **Anxiety:** 1 is calm, 10 is the worst it gets.

Also worth noting this week

Panic attacks, crying spells, days you could not work or get out of bed, alcohol or other substances, thoughts of not wanting to be here.



PART THREE · WEEK TWO

Week *two*.

DATE	SLEEP hours	MOOD 1 to 10	ENERGY 1 to 10	ANXIETY 1 to 10	APPETITE less, same, more	NOTES what happened, what helped, what made it worse

Patterns I noticed

Worse at a certain time of day? After bad sleep? Around certain people, places, or dates? Better after anything?

Do not wait out the two weeks if you are in danger. If you are thinking about ending your life, call or text **988** right now. The tracker can wait. You cannot.

How to say it *out loud*.

The hardest part is the first sentence. So write it here, and if your voice will not cooperate on the day, hand the doctor this page. That is completely allowed, and doctors appreciate it.

“For the last _____ I have been feeling
_____. It happens _____. It is getting in
the way of _____. The hardest part is
_____. What I want most from today is
_____.”

The details doctors listen for

- **How long.** Weeks, months, years.
- **How often.** Every day, most days, in waves.
- **What it stops you from doing.** Work, sleep, eating, showering, seeing people.
- **What changed.** A loss, a move, a job, a baby, an illness, a new medication.
- **Body symptoms.** Racing heart, stomach trouble, headaches, exhaustion.
- **Sleep.** Too little, too much, waking at 3 a.m.
- **Alcohol and other substances.** Be honest. It changes what is safe to prescribe.
- **What you have already tried.** And whether it helped.

If you have had thoughts of suicide, say so

Telling your doctor does not automatically mean a hospital. In most cases it means a calmer, more careful conversation about how to keep you safe and what support you need. Doctors ask about this routinely because it is common, and because saying it out loud is how you get the right level of help. You can say: **“Sometimes I think about not being here. I’m not sure what to do with that.”**

Questions to ask, and what to *expect*.

Check the ones you want answered. Write the answers down in the room, or ask if you can record the conversation on your phone. Nobody remembers everything from a hard appointment.

About what is going on

- ☐ What do you think is happening with me?
- ☐ Could anything physical be causing this?
Should we run blood work?
- ☐ Could any of my current medications be part of it?

About treatment

- ☐ Do you recommend therapy, medication, or both? Why?
- ☐ Can you refer me to a therapist who takes my insurance?
- ☐ What can I start doing this week that helps?

If medication comes up

- ☐ How long before I should feel a difference?
- ☐ What side effects are common, and which ones mean I should call you?
- ☐ What does it cost? Is there a generic?
- ☐ What happens if I miss a dose, or want to stop?

About what comes next

- ☐ When should I come back?
- ☐ Who do I contact between visits if I get worse?

Honest expectations

- Many common antidepressants take several weeks to show their full effect, and the first one is not always the right one. That is normal, not failure.
- Never stop a medication suddenly without talking to the prescriber first.
- A follow up visit is part of the plan. Book it before you leave the building.
- If you leave feeling dismissed, you are allowed a second opinion.

What my doctor said

If things get *worse*.

Keep this page where you can find it. Reaching out is not an overreaction, and you do not have to be “bad enough” to deserve help.

988

988 Suicide & Crisis Lifeline. Call or text 988, any hour, any day, anywhere in the U.S. Free and confidential. Chat at 988lifeline.org. Veterans, press 1. Para español, oprima 2.

741741

Crisis Text Line. Text HOME to 741741 if talking out loud is too much.

911 or ER

If you are in immediate danger, have a plan and the means to act on it, or cannot keep yourself safe, call 911 or go to the nearest emergency room. Tell them it is a mental health emergency.

My people

Two people I can text when it gets heavy, and my doctor's office number.

My next appointment

Making this appointment is one of the bravest ordinary things a person can do. I am proud of you for getting this far. If you want company along the way, I write about all of this at read.shainabushnell.com.

Shaina Bushnell

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