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to medications, visits to other doctors, recent lab tests or x-rays that have been ordered, etc.

Next, the doctor does a physical exam based on the information from the history. Again, this may seem awkward, because the doctor's thought process has shifted; he or she may not want to talk much while examining you. Some doctors will be able to put you more at ease during the physical by keeping up the conversation. Others may concentrate intently on the exam.

Once the doctor has collected the data from the history and physical, he or she makes an assessment, which should take the form of a differential diagnosis. This is the stage where he or she considers all the possible causes for your symptoms and physical signs found during the physical exam.

Finally, the doctor decides on a plan to determine which of the possible diagnoses is the correct one and how you should be treated.

You can play a crucial role in the last two stages: trying to figure out what is causing the problem and deciding how to treat the problem.

This is the thinking that the doctor usually does in his or her own head, or while writing in your chart. If you want to be involved in the process, these are the kinds of questions you can ask: What are the possible diagnoses you are considering to explain my symptoms and physical findings?

What makes you consider each of these possibilities?

Is there anything else we should be considering?

How will we figure out which of these possible diagnoses is the correct one?

What tests should we run? How invasive is each test? How expensive? How accurate?

Are there some tests we should run more than once (stool samples for ova and parasites, for example)?

What are the risks and benefits of each test?

In what order should we do these tests?

What treatments should I consider at each stage — before we have a diagnosis, and after we have it figured out?

The most important thing you can do to help your doctor think through the problem and to help you feel assured that you are getting the best possible care is to map out a plan with the doctor. What will you do first? If you cannot make a diagnosis after doing that, then what will you do? Then what? Than what? You can go through the same process with treatment possibilities once a diagnosis has been made.

What are my treatment options? If I try this and it doesn't work, or the side effects are too bad, then what could I try? Then what? Are there any other medications I can take with the treatment that might make the side effects more tolerable? What side effects should I expect?

Following Up

Chances are that you will still have questions when you leave the doctor's office or later as you think about all the information you have received. Write your questions and concerns down and bring them with you to your next appointment.

Working with an assertive patient can be threatening to even the most enlightened doctor. To soften the "threat," try to validate your doctor and to take his or her needs into consideration. Find something you like about what the doctor is doing before you jump into all your questions and concerns.

Tell him or her that you'd like to talk about several issues and that you are aware there may not be time to cover all of them during this appointment. Ask how much time you do have, and if you can schedule another appointment soon to discuss the issues which are not highest priority. Make sure you know what your priorities are so you can have as many of your needs met as possible during each appointment.

Finally, ask yourself what questions you always seem to have after an appointment. What consistently frustrates you? Try to take those questions and frustrations and figure out how to talk to your doctor about them so that you can decide together how best to take care of all the parts of you.