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DIGITAL BONUS

Doctor Appointment Prep Guide

What to bring, what to ask, and how to advocate for yourself.

BASED ON

The PCOS Repair Protocol

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The First 30 Days Kit

How PCOS is diagnosed

Appointments are short and there's a lot to cover. Knowing how diagnosis works helps you understand what your doctor is looking for, and what to ask if something wasn't checked. This summary follows the 2023 international evidence-based guideline described in Chapter 2.

For adults: at least two of these three, once other causes are ruled out

1

Signs of excess androgens
Jawline acne, facial or body hair, thinning hair on the scalp, or high androgens on a blood test

2

Irregular cycles
Fewer than 21 or more than 35 days between periods

3

Ovaries or AMH
Polycystic ovaries on ultrasound, or a raised anti-Müllerian hormone (AMH) level

Under 21? Both androgen signs and irregular cycles are needed, and ultrasound isn't recommended, because many healthy young women have polycystic-looking ovaries while their cycle matures.

Other causes to rule out

Thyroid conditions, high prolactin, non-classic congenital adrenal hyperplasia, Cushing's syndrome and, rarely, androgen-secreting tumors can look similar. Your doctor can screen for these.

A common look-alike

Hypothalamic amenorrhea (missing periods linked to under-eating or a lot of intense exercise) can also show polycystic ovaries. The approach is very different, so if missed periods are your main symptom, ask about LH and FSH testing (Chapter 11).

Bring with you

- ☐ Your period dates for the last 3–6 months
- ☐ Your history with the pill or other hormonal birth control
- ☐ Family history: diabetes, thyroid conditions, PCOS
- ☐ A list of symptoms and when each started
- ☐ Every medication and supplement you take
- ☐ Copies of any previous blood tests or scans

Tests worth asking about

Standard tests don't always show the whole picture. Tick the ones you'd like to discuss. Your doctor will decide what's right for you and explain your results.

	Area	Ask about	Why it's worth asking
☐	**Androgens**	Total and free testosterone, DHEAS, androstenedione	Testosterone alone can come back normal even when androgen signs are clear. DHEAS is often raised in the stress-driven pattern.
☐	**Ovulation**	LH and FSH	The balance between these two helps tell PCOS apart from hypothalamic amenorrhea.
☐	**Insulin**	Glucose tolerance test with insulin (fasting, 1 hour, 2 hours)	Fasting glucose and HbA1c on their own can miss early changes in how your body handles insulin.
☐	**Thyroid**	Full panel: TSH, free T3, free T4, plus TPO and thyroglobulin antibodies	TSH alone may not pick up early thyroid changes, and thyroid imbalances are common alongside PCOS.
☐	**Inflammation**	hsCRP and ESR	Useful if digestive issues, skin conditions or autoimmune history point to the inflammatory pattern.
☐	**Vitamin D**	Vitamin D (25-OH)	Low levels are common in women with PCOS. Worth rechecking every six months or so.
☐	**Vitamin B12**	Vitamin B12	Especially if you eat little or no animal food, or have taken metformin.
☐	**Iron**	Full iron panel: ferritin, transferrin saturation, iron, hemoglobin	Check before taking an iron supplement. Both low and high iron levels can occur.

Reference ranges differ between labs and countries. Chapters 7, 8, 10, 11 and 18 explain each test in more detail.

Questions to ask

☐ Which of the diagnostic criteria do I meet, and how was each one checked?

☐ Have other causes, like my thyroid or prolactin, been ruled out?

☐ Can we check my insulin, not just my glucose?

☐ Could I have a copy of my results, with the reference ranges?

☐ What are all my options, including nutrition and lifestyle support? What are the pros and cons of each?

☐ Is it safe to keep taking my supplements alongside anything you prescribe?

☐ If I'd like to get pregnant in the future, is there anything I should be doing now?

☐ When should I come back, and what would we recheck then?

How to advocate for yourself

Your doctor wants to help, and they're working within a short appointment. Clear, specific requests make that easier for both of you. These lines can help:

"I'd like to understand what's driving my symptoms, not just manage them. Can we look at further testing?"

"My testosterone came back normal, but I still have these symptoms. Could we check DHEAS or androstenedione?"

"I've tracked my cycles for three months. Here are the dates. Can we talk about what they show?"

"If we decide not to do this test now, could you note in my file that I asked about it?"

A few more tips

• Write your top three questions at the top of your notes page, so the most important ones get asked first.

• Bring a friend or partner if it helps. A second set of ears catches a lot.

• Ask for copies of every result. Keep them together with this guide.

• If you still don't have answers, it's okay to ask for a referral or a second opinion.

PRINT ME · BRING ME

My appointment notes

Date and doctor

Date of my last period

My top three questions

1

2

3

My symptoms and when they started

- ☐ Irregular or missing periods
- ☐ Facial or body hair growth
- ☐ Sugar cravings or energy crashes
- ☐ Bloating or digestive issues
- ☐ Acne on chin, jaw or back
- ☐ Thinning hair on my scalp
- ☐ Fatigue or poor sleep
- ☐ Mood changes

Medications and supplements I take

What my doctor said

Tests ordered

Next steps and follow-up date

Something you're unsure about afterwards? Bring it to the private Nourished community, where our naturopath can help you make sense of it.