Gottman Repair Checklist

Patient Name: _____ **Date:** _____ dd / mm / yyyy

Medical Record Number: _____

TRIGGERING SITUATIONS

Identify situations or topics that may elicit heightened emotions or concerns. (e.g., Diagnosis, Treatment Plans, Sensitive Health Topics)

Triggering Situations

- [ ] Diagnosis Discussion
- [ ] Treatment Plan Explanation
- [ ] Discussing Sensitive Health Issues

Other (Specify):

PREFERRED FORMAT

Provide the patient with a copy of the Gottman Repair Checklist in a format of their choice.

Preferred Format

- ◯ Printable Copy
- ◯ Digital Copy

COMMUNICATION CATEGORY

Collaboratively choose a relevant communication category and phrases that express the patient's feelings or intentions.

Communication Category

- ◯ Concerns
- ◯ Clarifications
- ◯ Emotional Support
- ◯ Information Sharing
- ◯ Future Planning

Other (Specify):

Selected Phrases

PATIENT'S VERBAL EXPRESSION

Encourage the patient to use the chosen phrases to articulate their thoughts, concerns, or questions.

Patient's Verbal Expression

MEDICAL PROFESSIONAL'S RESPONSE

Actively acknowledge and respond to the patient's selected phrases to foster mutual understanding.

Medical Professional's Response

Utilize the Repair Checklist to de-escalate concerns or misunderstandings and work collaboratively toward resolution.

COLLABORATIVE ACTIONS

Collaborative Actions

- [ ] Provide Additional Information
- [ ] Adjust Treatment Plan
- [ ] Offer Emotional Support
- [ ] Refer to Specialist

Other (Specify):

REFLECTION NOTES

Take a moment for reflection after the discussion, assessing the effectiveness of the chosen phrases and the emotional tone of the interaction.

Reflection Notes