KIKKI AVILA

Walk In *Knowing*

Six minutes that will change your next medical appointment.

A SHORT GUIDE

Start here

You already know how this goes.

You wait weeks for the appointment. You rehearse it in the car. You walk in carrying years of symptoms and one enormous hope: that this is the room where someone finally sees it, names it, and hands you the way out.

So you're anxious before you even park. Of course you are. You're holding that hope right next to a long record of being dismissed, and a quiet dread that this one will go like the others did. Both are real. Neither is a character flaw. That is what years of this does to a body.

And then you have fifteen minutes. Thirty, if it's a specialist.

You say too much, or too little. Something important falls out of your head. You leave with a follow-up in six weeks and a feeling you know too well: *I didn't say it right. And now I wait again.*

If it took years to even get this far, that was never about you either. It takes around five years, on average, to reach an autoimmune diagnosis, and roughly eighty percent of the people waiting are women. That's structural.

This is short on purpose. Seven things, and every one of them works in a room you've already got booked.

You are the authority on your own body.
No one will ever know it the way you do.

Here's how to bring that in with you.

One · Make it one move

Most of us walk in with our nervous system asking one question underneath everything: *is this the one that fixes it?*

That question is what years of waiting does to a body. The weight of it is also what breaks the visit. It makes you say everything at once, and it sends you home without the one thing you actually needed.

So say this before you go, out loud if you can:

This appointment is one move
in a much longer game.

A good appointment looks smaller than you were promised. One question answered. Maybe a test ordered, or a line added to your chart. Nobody hands you the ending in fifteen minutes. Somebody can hand you the next piece.

Two · Write one page

One page. That's the whole assignment.

I know what the binder represents. It's years of being told there was nothing there, and every sheet in it is proof. When a binder crosses the desk, though, the visit becomes about the binder. The thing you came for never gets said.

01 **The one thing I'm here for today.** A single sentence, at the very top.

02 **My timeline.** Four or five lines, dated. Use the month if you have it. “A few years ago” is too soft to work with.

03 **What I've already ruled out or tried.** Brief. This is what stops you being sent backward.

04 **My question.** One. Written down, so it survives the moment your mind goes blank.

Bring two copies, one for them and one for you, so you're both looking at the same thing.

Dates carry more weight than adjectives. “It got a lot worse in the spring” is a feeling. “It changed in April 2023” is data a doctor can work with.

And use exact names for anything that caused a reaction. The specific medication, with the dose if you know it. Vague entries narrow your care. Exact ones protect you.

Three · Flat can still be care

This may be the most useful idea in this guide.

Warmth and competence are two different systems, and most of us were taught to read them as one.

Some clinicians communicate in a flat, information-first register. Little eye contact. No softening. They go straight to the data and stay there.

When you've spent years being disbelieved, your whole system reads that flatness as the thing it's braced for: *she doesn't believe me*. So you escalate. You get louder and longer, and the visit gets less focused with every minute.

Here's the reframe: a flat delivery tells you about their communication style. Belief lives somewhere else entirely. You get to stop reading flatness as a verdict, because that reading is what pulls the visit apart.

Four · Four moves in the room

First, know which room you're in. Most appointments exist to solve a short list, one or two things that need addressing today. A new-specialist intake is different: that appointment exists for the whole story, so bring the full timeline and let them dig. The page works either way. Only the sentence at the top changes.

Then, in the room, the shift is small: give them *less to interpret*. Structure does the work, and it costs a tired body far less than performing.

Open with the ask. The background can come right after. The room organizes around whatever it hears first.

> TRY SAYING
>
> *"I have one thing I'm hoping to get to today, and then I'll give you the background."*

Hand over the page. In the first thirty seconds. A page produced early gets read in front of you. A page produced late gets folded into a pocket. Clinicians love this page. It does their intake for them.

Name the loop when it stalls. When you can feel the two of you talking past each other, say so, plainly and without heat.

> TRY SAYING
>
> *"I think we're getting stuck. Can I try saying that again?"*

Close with the door question. Before you leave. Always.

> TRY SAYING
>
> *"Before I go, what would it take for us to look into this more?"*

That question asks what the no is made of, and that's something you can go and get.

Five · The chart sentence

A move almost nobody knows, and it may be worth the whole guide.

When you tell a clinician about a reaction you've had, it goes in the visit note. Visit notes get read by the person who wrote them. Sometimes. If they scroll.

The allergy and adverse-reaction section of your chart is a different thing entirely. That one flags automatically. It follows you across departments and into rooms where you may be asleep while decisions get made.

> TRY SAYING
>
> *“Could that go in the allergy section of my chart, with the exact name of what caused it? I'd like it to follow me.”*

One sentence, and the whole system handles you differently from then on.

Six · If it's going sideways

Ten minutes in, and you can feel it slipping. The heat rises, the words speed up, and you start making your case instead of making your ask.

Thirty seconds first. Nobody will notice any of it.

> THE RESET
>
> *Feet flat on the floor, back against the chair, jaw unclenched.*
>
> *In for 4. Hold for 2. Out, slow, for 8. Twice.*
>
> *Then, inside: I'm here to get one thing.*

If counting is too much, forget the numbers and let the breath out run longer than the breath in. The long exhale is the signal.

Then get one thing. A dead-end appointment only counts as wasted if you leave with nothing, and you almost never have to.

01 **Shrink the ask.** One test, one referral, or one line in the chart. Small asks get said yes to.

02 **Ask who else.** *"Who would you send someone to for this?"* It turns a closed door into a name.

03 **Ask what it would take.** *"What would it take for us to look into this more?"* A no you understand is something you can work with.

04 **Put it on the record.** *"Would you note in my chart that I raised this today, and what we decided?"*

Then, in the car, before you drive away, while it's still sharp: two minutes on your phone. Write down what you asked, what they said, and what got left undone. Do it even when it went badly. Especially then. That's next time's evidence.

Seven · If they talk down to you

Chapter Three covered the flat ones. This is for the other kind, and your body already knows the difference. A hand on the door while you're still talking. Explaining your own condition to you like you haven't lived in it for years.

Hold onto this first: that behavior is information about them. You were never the problem in that room, and you owe nobody a better performance to earn basic respect.

01 **Stay in your body.** One long exhale, and let yourself take up your space. You keep your footing without matching their energy.

02 **Make one calm ask for the room back.**

> TRY SAYING
>
> *"Could you sit with me for a minute? I want to make sure we're looking at the same thing."*

Most people sit. If they stay standing, you've just learned something you needed to know.

03 **Still get your one thing.** The smallest ask, the name of who else, or the line in the chart: *"Would you note that I raised this today, and what we decided?"* That sentence works on every kind of doctor. Including this one.

And then you're allowed to leave for good. Walking away from a room that diminishes you is how you find the doctors you can actually be alongside. A doctor who sits down with you is the baseline, and they're out there.

The words that travel

Because they survive the trip into a chart note.

INSTEAD OF	TRY
“I'm exhausted all the time”	“Sleeping nine hours and can't finish a workday. Started around [month].”
“It's really bad”	“About four days a week, lasting three or four hours.”
“I read that it might be...”	“Is [X] worth ruling out, or has that been considered?”
“Nothing works”	“Here's what I've tried and what happened with each.”

Give them how often it happens, how long it lasts, and what it keeps you from doing. Those land in almost any room.

AND TWO WORTH STEALING FROM THE HANDBOOK

When labs come back: **“Was anything borderline, or moving in a direction?”** Normal and heading-somewhere are different answers.

When you see several specialists: **“Who's holding the whole picture?”** Often the answer is nobody, and finding that out matters.

The card for before you go

Screenshot this one. It's the part to keep.

- [ ] One page written, with the ask at the top, the timeline, what's been ruled out, and one question
- [ ] Exact names for anything that caused a reaction
- [ ] Two copies printed
- [ ] The closing question at the bottom: *what would it take?*
- [ ] Anything that needs to move into the allergy section of my chart
- [ ] Three long exhales before I walk in

The card for when you're in it

The one you'll want on your phone in the waiting room.

THIRTY SECONDS

Feet flat, back against the chair, jaw unclenched.

In for 4. Hold 2. Out for 8. Twice.

I'm here to get one thing.

THEN GET ONE THING

Shrink the ask. One test, one referral, or one line in the chart.

Ask who else. “Who would you send someone to for this?”

Ask what it would take. “What would it take for us to look into this more?”

Put it on the record. “Would you note in my chart that I raised this today, and what we decided?”

You're going in *already knowing*, with it written down, in your own hand.

The most powerful patient in the room keeps her doctors close and walks in already knowing her own body. Nobody talks her out of what she knows.

You were under-documented.
And that is a fixable thing.

You're not broken.

Kikki

THERE'S MORE WHERE THIS CAME FROM

Tell me how it goes. Write back and tell me what happened in the room. What worked, what you'd want more help with. I read every reply.

And the full handbook is coming to your inbox this week: the questions that work at every stage, what to do in an emergency room, and why the follow-up afterward matters more than the visit.

KIKKI AVILA

I'm a keynote speaker, teacher, and clinical formulator, and the creator of the Nirmāṇa Arc™, a nervous-system framework for living whole, not fixed. I've spent years in these rooms myself, on the patient side of the desk, learning most of this the slow way. I make room for people in sensitive, chronically-ill bodies to feel whole. You're not broken. You never were.
