

# Follow-Up Visit Planner

*My partner, friend, or family member was recently diagnosed*

Appt. Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Appt. Time: \_\_\_\_\_ Doctor: \_\_\_\_\_

Note symptoms or side effects for discussion (issues with appetite, sleep, etc.)

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## My Visit Checklist

- Can you record the audio of the visit?
- Bring supplies to take notes
- Confirm access to patient portal
- Discuss the visit on the way home
- Pamphlets or other printed disease info



## Questions to Ask the Doctor

Can you tell me more about the treatment plan? \_\_\_\_\_

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What are the common side effects and/or complications with this treatment? \_\_\_\_\_

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Are there specific drug interactions I should be considering (foods to avoid, etc.)? \_\_\_\_\_

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What is the treatment schedule and/or frequency of office visits? \_\_\_\_\_

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Are there any dietary changes that would be beneficial? \_\_\_\_\_

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Is there a support staff member that I can meet with (patient navigator, social worker)? \_\_\_\_\_

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## Questions for Support Staff

What costs can we expect? \_\_\_\_\_

How can we reduce costs? \_\_\_\_\_

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What support resources do you recommend (support groups, online resources)? \_\_\_\_\_

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Additional questions/comments/concerns: \_\_\_\_\_

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