

First Office 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.)



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

What type of DLBCL has been diagnosed? _____

Are there other diagnostic or biomarker tests that would be beneficial? _____

What are common symptoms associated with DLBCL? Are there complications of that I should be aware of? _____

What are the goals of treatment? How do we decide which treatment is best? _____

Are there any dietary changes that would be beneficial? _____

Are there activities that my partner should avoid? What can they continue to do? _____

What is the best way to reach you or your staff if I have questions? _____

Additional questions/comments/concerns: _____
