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.)

Questions to Ask the Doctor

What are the common symptoms or side effects I should look out for? __________________________________________________________

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

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

Are there any dietary changes that would be beneficial? _________________________________________________________________

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

Questions for Support Staff

What costs can we expect? __________________________________________________________

How can we reduce costs? ______________________________________________________________

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

Additional questions/comments/concerns ____________________________________________

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

Questions for Support Staff

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

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

My Visit Checklist

Questions to Ask the Doctor

What are the common symptoms or side effects I should look out for? __________________________________________________________

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

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

Are there any dietary changes that would be beneficial? _________________________________________________________________

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

Questions for Support Staff

What costs can we expect? __________________________________________________________

How can we reduce costs? ______________________________________________________________

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

Additional questions/comments/concerns ____________________________________________