First Office Visit Planner

I was recently diagnosed / I'm seeking a second opinion

Appt. Date: __________  Location: ______________________
Appt. Time: __________  Doctor: ________________________

List of Current Medications / Supplements (include prescribing doctor and dosage)

Current Side Effects and Symptoms

Questions to Ask Your Doctor

What stage and type is my advanced non-melanoma skin cancer, and what does that mean?

How many patients with advanced non-melanoma skin cancer have you treated?

How often should I come in for monitoring?

What tests do you recommend that I have?

What are the goals of treatment?

What treatment options are available for me?

What are the pros and cons of each option? Side effects?

Is it important to start treatment immediately? If not, why?

Is there a clinical trial option that might be right for me?

What financial resources are available to me?

Additional questions / notes

My Visit Checklist

☐ Can you record the audio of the visit?
☐ Bring a friend or family member to take notes
☐ Discuss your visit on the way home