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 type of bladder cancer do I have and what is the stage?
_____________________________________________________________________________________

How many patients with bladder 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