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 grade is my follicular lymphoma, and what does that mean?

How many patients with follicular lymphoma have you treated?

How often should I come in for monitoring?

What tests do you recommend that I have?

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