

First Office Visit Planner

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

My Visit Checklist

- ☐ Can you record the audio of the visit?
- ☐ Have a friend or family member there to take notes.
- ☐ Discuss your visit after with a friend or family member.

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 and stage is my breast cancer, and what does that mean? _____

How many patients with breast cancer have you treated? _____

What types of doctors will I see, and how will that be coordinated? _____

Should I undergo additional imaging? What about genetic testing? _____

What treatment options are available for me? What are the goals of my treatment? _____

Is surgery appropriate for my breast cancer? _____

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

Who can I contact if I have further questions or concerns? (name, phone, email) _____

Additional Questions / Notes: _____
