

# 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 is the stage and grade of my prostate cancer, and what does that mean? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many patients with prostate cancer have you treated? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should I undergo additional testing? What about genetic testing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

What disease symptoms can I expect, and how will they be managed? \_\_\_\_\_

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Additional Questions / Notes: \_\_\_\_\_

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