

# First Office Visit Planner

My partner, friend or family member was recently diagnosed

Appt. Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Appt. Time: \_\_\_\_\_ Doctor: \_\_\_\_\_

Note symptoms or side effects for discussion (issues with appetite, sleep, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Questions to Ask The Doctor

What type of lung cancer has been diagnosed and what does that mean? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there additional diagnostic or genetic tests that would be beneficial? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do we decide when it is time to treat and which treatment is best? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are common symptoms associated with lung cancer? Are there complications that I should be looking out for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any dietary changes that would be beneficial? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there activities that my partner should avoid? What can they continue to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What should we expect financially and are there resources to help? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the best way to reach you or your staff if I/we have questions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional questions/comments/concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## My Visit Checklist

- ☐ Can audio of the visit be recorded?
- ☐ Bring supplies to take notes
- ☐ Discuss the visit on the way home
- ☐ Access to Online Portal
- ☐ Pamphlets or other printed disease info

