Follow-Up Vis My partner, friend or fam	sit Planner nily member was recently diagnosed	My Visit Checklist	Empowermen Network
Appt. Date: Appt. Time:	Location: Doctor:	☐ Discuss the visit on the way home	
Note symptoms or side	effects for discussion (issues with appetite, sleep, etc.)	 □ Access to Online Portal □ Pamphlets or other printed disease info 	
	Ask The Doctor It the treatment plan?		
	de effects and/or complications with this trea		
what are the common sic	ac effects and/or complications with this trea	timent.	
Are there are medicines o	or resources for preventing and/or coping wit	th side effects?	
Are there any dietary or li	ifestyle changes that could be beneficial?		
s there a support staff me	ember that I can meet with (patient navigator	r, social worker)?	
Questions for	Support Staff What costs can we ex	rpect? How can we reduce costs?	
What support resources o	do you recommend (support groups, online re	sources)?	
Additional questions/com	nments/concerns		