MYELODYSPLASTIC SYNDROME (MDS)

Office Visit Planner

Patient Empowerment Network

Visit Checklist

Appt Date: _____ Doctor/Location: _____

List Current Medications / Supplements

Current Symptoms / Side Effects

Questions to Ask Your Doctor

Is my MDS diagnosis confirmed? _____

What test results led to my diagnosis? _____

What are the results of molecular testing and how do they impact my MDS care? _____

Is my MDS low-risk or high-risk? _____

What are the goals of treatment for my MDS? _____

What treatment options do you recommend and why? _____

Is there a clinical trial that may be right for me? _____

Ongoing Health

What symptoms or side effects should I be aware of? _____

Should I make any lifestyle changes (exercise, diet)? _____

Additional Notes: _____

Who should I contact if I have a concern? _____ Phone: _____

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