PANCREATIC CANCER

Office Visit Planner

Patient Empowerment Network

Visit Checklist

Appt Date: _____ Doctor/Location: _____

List Current Medications / Supplements

Current Symptoms

Important: Bring all medical records and test results to your appointment

Questions to Ask Your Doctor

What type of pancreatic cancer do I have? _____

What is the stage? _____

Has the cancer spread beyond the pancreas? _____

What additional tests will I need to undergo? _____

Has my cancer undergone molecular testing and, if so, what do the results mean? _____

What treatment option do you recommend and why? _____

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

What are the goals of treatment? _____

How is the treatment administered? _____

Are there symptoms or side effects that I should be aware of? _____

Who will guide my treatment? _____

What are next steps? _____

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

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