



### 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

Am I a candidate for CAR T-cell therapy? \_\_\_\_\_

What is the right time for me to undergo CAR T-cell therapy? \_\_\_\_\_

What CAR T-cell therapy option do you recommend and why? \_\_\_\_\_

Is there a CAR T-cell therapy clinical trial that may be right for me? \_\_\_\_\_

What are the risks and benefits of undergoing CAR T-cell therapy? \_\_\_\_\_

What is the potential for long-term benefit? \_\_\_\_\_

What short and/or long-term side effects should I be aware of? \_\_\_\_\_

What logistics should be considered in treatment planning? \_\_\_\_\_

What is the cost and are there resources to help pay for care? \_\_\_\_\_

What are my alternatives to CAR T-cell therapy? \_\_\_\_\_

Who should I contact if I have a concern? \_\_\_\_\_ Phone: \_\_\_\_\_