



Visit Checklist

Doctor Name: _____ Appt Date: _____
Nurse Name: _____ Office Phone: _____
Daytime Phone: _____ Emergency Phone (24/7): _____

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

Before CAR T-Cell Therapy | What Care Partners Should Understand

What is my role as we prepare for the CAR T-cell therapy process? _____

What are common side effects and symptoms and when should they be reported? _____

What is the schedule of appointments and follow-up visits? _____

What is the cost of treatment, and are there resources to help pay for care? _____

After CAR T-Cell Therapy | What To Expect

What is my role after the CAR T-cell therapy process? _____

What precautions should be taken to prevent infection? _____

Are there supplies that will be useful for me to have at home? _____

What can I expect in recovery? Is there a timeline for a return to routines (work, exercise, hobbies)? _____

Are there dietary considerations or restrictions? _____