

First Office Visit Planner

I was recently diagnosed / I'm seeking a second opinion

My Visit Checklist

- ☐ Can you record the audio of the visit?
- ☐ Have a friend or family member there to take notes
- ☐ Discuss your visit after with a friend or family member

Appt. Date: _____ Location: _____
Appt. Time: _____ Doctor: _____

List of Current Medications / Supplements (include prescribing doctor and dosage) _____

Current Side Effects and Symptoms _____

Questions to Ask Your Doctor

What is the stage of my colon cancer, and what does that mean? _____

How many patients with colon cancer have you treated? _____

What other types of doctors will I see, and how will that be coordinated? _____

Should I undergo additional testing? What about biomarker testing? _____

What treatment options are available for me? What are the goals of my treatment? _____

Is surgery a consideration for my treatment plan? _____

What are the pros and cons of each option? Side effects? _____

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

Additional questions / notes: _____
