First Office Vis My partner, friend, or famil diagnosed Appt. Date:	it Planner ly member was recently Location:	My Visit Checklist Can you record the audio of the visit? Bring supplies to take notes
	Doctor:	
Note symptoms or side ef	ffects for discussion (issues with appetite, sleep, etc.)	□ Discuss the visit on the way home□ Pamphlets or other printed disease info
Questions to As	sk the Doctor	
What stage and grade of fo	ollicular lymphoma has been diagnosed? _	
Are there other diagnostic c	or biomarker tests that would be beneficia	l?
What are common symptor	ms associated with follicular lymphoma? A	re there complications that I should be aware of?
What are the goals of treatr	ment? How do we decide which treatment	is best?
Are there any dietary chang	ges that would be beneficial?	
Are there activities that my	partner should avoid? What can they cont	inue to do?
What is the best way to read	ch you or your staff if I have questions?—	
Additional questions/somm	ponts/concorns:	
-auritional questions/comm	nents/concerns:	