DLBCL Shared Decision-Making Planner I am discussing treatment with my doctor.



✓ M	y Visit Checklist	Appt. Date:
□ Ca	n you record the audio of the visit?	Appt. Time:
□ Bri	ng a friend or family member to take notes	
□ Dis	scuss your visit on the way home	Location:
	uestions to Ask My Doctor	Doctor:
		1 DCL
vvnat a	are the goals of my treatment plan? To cure my D	LBCL or manage it?
Is there	e additional testing I should have, such as bioma	ker testing, before making a treatment decision?
What a	are my treatment options?	
What t	treatment option do you recommend for me and	why?
What i	s the duration of this treatment?	
What a	are the risks and benefits of this treatment appro	ach?
How is	the treatment administered, and how will it imp	act my lifestyle?
What a	are the potential side effects, and how will they k	pe managed if they occur?
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What a	are the costs associated with this treatment? Is fi	nancial support available?
\//hat i	is the plan if treatment isn't effective or if my DI	BCL relapses?
vvilati	is the plantil treatment is not effective of il my DE	JOE ICIAPSES:
Is there	e a clinical trial that you recommend?	
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