

Follow-Up Visit Planner

My partner, friend or family member was recently diagnosed

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

Note symptoms or side effects for discussion (issues with appetite, sleep, etc.)



My Visit Checklist

- Can audio of the visit be recorded?
- Bring supplies to take notes
- Discuss the visit on the way home
- Access to Online Portal
- Pamphlets or other printed disease info



Questions to Ask The Doctor

What should I know about the treatment plan? _____

What are the common side effects and/or complications with this treatment? _____

What is the treatment schedule and/or frequency of office visits? _____

Are there specific drug interactions I/we should be considering (foods to avoid, etc.)? _____

Are there any dietary changes that would be beneficial? _____

Is there a support staff member that I can meet with (patient navigator, social worker)? _____

Questions for Support Staff

What costs can we expect? _____

How can we reduce costs? _____

What support resources do you recommend (support groups, online resources)? _____

Additional questions/comments/concerns _____
