

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?
- Bring a friend or family member to take notes
- Discuss your visit on the way home

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 type of do I have and what does that mean for me? _____

How many patients with _____ have you treated? _____

How often should I come in for monitoring? _____

How frequently should I have lab work? _____

Is there other lab work or testing that is important for me to have to learn more about my disease? _____

What treatment options are available for me? _____

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

Is it important to start treatment immediately? If not, why? _____

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

What financial resources are available to me? _____

Additional Questions / Notes _____

