DR CONSULTATION CHEAT SHEET

DOCTOR NAME: _____ DATE: _____

HOSPITAL: _____

DOCTOR PHONE & EMAIL : _____

PRIMARY NURSE PHONE & EMAIL : _____

ADDITIONAL CONTACT PHONE & EMAIL : _____

DURING VISIT JOURNAL NOTES (Fill out during appointment)

DR CONSULTATION CHEAT SHEET

DOCTOR NAME:_____ DATE: _____

DURING VISIT JOURNAL NOTES (Fill out during appointment)

DR CONSULTATION CHEAT SHEET

DOCTOR NAME: _____ DATE: _____

What will the day of treatment look like (start to finish) ? :

What is the goal of this treatment ? :

What are my other options for treatment with you? :

What are the side effects can we expect? :

What are important side effects that may be an emergency that I should be calling the office for? :

DR CONSULTATION CHEAT SHEET

DOCTOR NAME:_____ DATE: _____

Is there any additional that a (man has) or (a woman has) or fertility concerns? What are my options for fertility preservation? :

Are there any current Trials being offered here or at a near by hospital? :

How can we reach you if we need to talk to you with questions or an emergency? :

What are my options for genetic testing? :

DR CONSULTATION CHEAT SHEET

DOCTOR NAME:_____ DATE: _____

Can you refer me to a dietitian/nutritionist? :

Can you refer me to a social worker and/or program for children with parents that have cancer? :

What are some advocacy groups or non profit groups I can join for more info and support ? :

What will be future appointment schedule look like? :

AFTER VISIT THOUGHTS (Fill out after appointment)

THOUGHT	CIRCLE 1 (+)	EXTRA POSITIVES	EXTRA NEGATIVES
HOW DID THE DR MAKE YOU FEEL	• Safe • Heard • Uneasy		
DO YOU FEEL LIKE THE DR HAS YOUR BEST INTEREST	• YES • NO		
WILL TRAVEL TO AND FROM APPOINTMENT BE A HARDSHIP	• YES • NO • It will be hard but willing to make it work		
ARE YOU HAPPY WITH YOUR CARE TEAM	• YES • NO • I need more time to decide		
HOW COMFORTABLE ARE YOU WITH YOUR TREATMENT	• Very • Not at all • I need more time to process		

ADDITIONAL NOTES
