

Name:

**Directions: Fill out your name at the top. Please review with your physician at the appointment (let them fill out and talk through each point with you)**

1. Diagnosis:

2. Stage: T.        N.        M.                    Clinical Stage:

3. Please provide me a copy of my radiology and pathology report

4. Goal of Care (circle one): Cure / Palliative / Grey Zone / To be determined

5. Do I need any additional scans/tests or biopsies? What will I need?

6. Should I undergo genetic testing/screening? Yes/No

7. Do I need see any of the following doctors/providers? (circle)

Medical Oncology: Yes/No

Surgeon: Yes/No

Radiation Oncology: Yes/No

Palliative Care or Pain Management: Yes/No

8. What is the recommended treatment?

9. Are there any alternatives to the treatment you recommend?

10. Are there any clinical trials I may benefit from? Yes/No

11. Who would you recommend for a second opinion? Name:

12. Would I benefit from: Nutrition/Psychiatry/PT/OT/Hospice/Chaplain/Social Work

13. Who can I speak with about a living will or healthcare proxy? Advanced directive?

14. What question(s) should I be asking?