

Questions for _____ *Fill in the team member name*

Appointment Date _____ Time _____

Follow-up Appointment Date _____ Time _____

(Choosing Providers- Qualifications) Are you board certified or licensed in your field?

(Choosing Providers - Qualifications) What is your experience treating others with the same condition(s)? Can you provide me with any results or outcomes?

(Choosing Providers - Treatment Style) Do you like to tackle diseases like mine head-on, or do you typically take a more conservative 'wait and see' approach?

(Choosing Providers - Treatment Style) Will you support integrative treatment approaches, such as complementary therapies and lifestyle modifications, for the management of my condition(s)? (*for your Western medicine providers*)

(Choosing Providers - Treatment Style) Will you support my Western medical treatment choices and help me manage my disease? (*for your Complementary and Alternative providers*)

(Choosing Providers - Communication) How can I communicate with you outside of appointment times? What is your availability?

(Choosing Providers - Communication) Who can I contact with any questions or problems I may experience?

(Choosing Providers - Communication) Should a family member or friend come with me to my appointments?

(Choosing Providers - My Team) Do you have a Dietitian/Nutritionist on staff? If not, will you refer me to one?

(Choosing Providers - My Team) Will you help me find a social worker/patient navigator to help guide me through treatment?

(Choosing Providers - Second Opinion) Will you help me find a doctor to give me another opinion on the best treatment plan for me?

(Providers and Insurance) Is the provider covered by your insurance or healthcare plan? Will the provider accept your healthcare plan?

(Providers and Insurance) Which hospital (if any) does the healthcare provider work with? Is the hospital covered by your insurance?

(Providers and Insurance) Will I have a case manager to help with insurance questions?

(Providers and Insurance) Will my insurance plan cover your Dietitian/Nutritionist or other nutrition services provided by your office?

(Providers and Insurance) What should I expect for out-of-pocket costs?

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(Initial Diagnosis) What exactly is my diagnosis?

(Initial Diagnosis) How serious is it?

(Initial Diagnosis) What is the stage of my disease?

(Initial Diagnosis) Has it affected other areas of my body?

(Treatment) Can it be treated? Cured?

(Treatment) What are the ways to treat my disease?

(Treatment) What treatment do you recommend? Why do you think it is best for me?

(Treatment) What are the benefits and risks of each of these treatments?

(Treatment) What is my chance of recovery with this treatment?

(Time) When will I need to start treatment?

(Time) Will I need to be in the hospital for treatment? If so, for how long?

(Time) How will we know if the treatment is working?

(Time) Is a 'wait-and-see' approach (as opposed to treatment) appropriate/safe at this time?

(Diagnostics) Will I need more tests before treatment begins? Which ones?

(Your Team) Will I need a specialist(s)?

(Research) How long has this treatment been used in people with my condition?

(Research) Can you provide me with evidence or research about this treatment? Are peer-reviewed published results available?

(Research) What can I do to enhance treatment effectiveness? Are there habits you have observed or research that effect or improve treatment results?

(Research) Would a clinical trial (research study) be right for me?

(Research) Where can I learn more?

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(Lab Tests - Purpose) What tests will you be conducting on my blood?

(Lab Tests - Purpose) What is considered normal range for these tests?

(Lab Tests - Purpose) Why run those particular tests?

(Lab Tests Results) How long will it take to get the results?

(Lab Tests Results) What does this test result mean for me?

(Lab Tests Results) What does it mean if the results are negative or not clear?

(Lab Tests - Treatment Plan) How will the results affect my treatment?

(Lab Tests - How Often) Will I need these blood tests again? If so, why and when?

(Lab Tests - Insurance) Will these tests be covered by my insurance?

(Imaging - Purpose) Why do I need to have this imaging?

(Imaging - Purpose) What are the benefits?

(Imaging - Purpose) Are there any complications or side effects from the recommended imaging?

(Imaging Results) How long will it take to get the imaging results?

(Imaging Results) What does it mean if the image results are negative or not clear?

(Imaging - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Imaging - How Often) Will I need these images again? If so, why and when?

(Imaging - Insurance) Will these imaging diagnostics be covered by my insurance?

(Biopsy - Purpose) What are you trying to find with the biopsy?

(Biopsy - Purpose) Are there any complications or side effects from having a biopsy?

(Biopsy - Purpose) Are there any alternatives to having a biopsy?

(Biopsy - Logistics) Is this done in your office or a hospital?

(Biopsy - Logistics) How long is the procedure?

(Biopsy - Logistics) How long is my recovery time?

(Biopsy - Logistics) Do I need to bring someone with me to the appointment?

(Biopsy - Results) How long will it take to get the test results?

(Biopsy - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Biopsy - How Often) How often will I have to have a biopsy?

(Biopsy - Insurance) Will the biopsy be covered by my insurance?

(Biomarker Testing - Purpose) What are you trying to find with the biomarker tests?

(Biomarker Testing - Purpose) Are there any complications or side effects from these tests?

(Biomarker Testing - Purpose) Are there any limitations of biomarker testing?

(Biomarker Testing - Results) How long will it take to get the test results?

(Biomarker Testing - Results) Have I already had any biomarker tests? Which ones? If so, what are my results?

(Biomarker Testing - Results) What does it mean if the test results are negative or not clear?

(Biomarker Testing - Treatment Plan) What does this mean for me? How will the results affect my treatment?

(Biomarker Testing - How Often) Will I need these tests again? If so, why and when?

(Biomarker Testing - Insurance) Will these tests be covered by my insurance?

Questions for _____ *Fill in the team member name*

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(Surgeon's Credentials) Are you board-certified in a surgical specialty?

(Surgeon's Credentials) How often do you perform this procedure?

(Surgeon's Credentials) If you needed this surgery, who would be your surgeon?

(Surgery - About) Is surgery an option for me? If so, what kind of surgery do you suggest?

(Surgery - About) What will be removed?

(Surgery - About) How will this affect me?

(Surgery - About) What are the benefits of the recommended surgery?

(Surgery - About) How long will the benefits of the procedure last?

(Surgery - About) What are the risks?

(Surgery - About) Am I at greater risk than other patients for any reason?

(Surgery - About) Are there any alternatives to surgery?

(Surgery - About) What happens if I do not have the surgery?

(Surgery - About) Will this be an inpatient or outpatient procedure?

(Surgery - About) What type of incision will be used? Will it be an open procedure or a minimally invasive, or laparoscopic procedure?

(Pre-Surgery) What do I need to do to prepare for surgery?

(Pre-Surgery) What medications should I take the morning of my surgery?

(Pre-Surgery) When should I stop eating prior to the procedure?

(Pre-Surgery) Do I need to arrange to have someone to help me with transportation the day of the surgery?

(Post-Surgery) What is my recovery time in the hospital and at home?

(Post-Surgery) What type of follow up care will I require?

(Post-Surgery) Do I need to arrange to have someone to help me with daily activities after surgery?

(Post-Surgery) What type of medications will I require after surgery?

(Post-Surgery) If I have pain, how will it be controlled?

(Post-Surgery) Will I undergo physical therapy? If yes, for how long?

(Post-Surgery) What will be different in my daily life after this surgery?

(Post-Surgery) Will there be limitations on my normal activities after surgery (work, exercise)?

(Insurance and Surgery) Are all the members of the medical team covered under my insurance plan?

(Insurance and Surgery) Can I get an estimate for the charges? (Non-emergency surgery)

(Insurance and Surgery) What can I expect for out of pocket costs?

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(Chemotherapy - About) What is chemotherapy?

(Chemotherapy - About) What type of chemotherapy will I receive?

(Chemotherapy - About) What are the benefits and risks of chemotherapy?

(Chemotherapy - Time) How long will I be on chemotherapy?

(Chemotherapy - Time) How often will I need treatment?

(Chemotherapy - Time) How long is each treatment session?

(Chemotherapy - Logistics) Do I need to bring someone with me to each treatment session?

(Chemotherapy - Logistics) Where will I undergo treatment?

(Chemotherapy - Side effects) What are the side effects of chemotherapy?

(Chemotherapy - Side effects) How often do patients experience these side effects?

(Chemotherapy - Side effects) How are the side effects managed?

(Chemotherapy - Insurance) Will this therapy be covered by my insurance?

(Immunotherapy - About) What is immunotherapy?

(Immunotherapy - About) Is immunotherapy right for me? Do I need to be tested in order to be put on an immunotherapy treatment?

(Immunotherapy - About) How is immunotherapy given?

(Immunotherapy - About) What are the potential benefits?

(Immunotherapy - Time) How long will I have to receive immunotherapy treatment?

(Immunotherapy - Time) How often do I undergo treatment?

(Immunotherapy - Logistics) Do I need to bring someone with me to each treatment session?

(Immunotherapy - Logistics) Where will I undergo treatment?

(Immunotherapy - Side effects) What are the potential side effects?

(Immunotherapy - Side effects) How often do patients experience these side effects?

(Immunotherapy - Side effects) How are the side effects managed?

(Immunotherapy - Insurance) Will this therapy be covered by my insurance?

(Targeted Therapy - About) What is targeted therapy?

(Targeted Therapy - About) Are there any medications that target my type of cancer?

(Targeted Therapy - About) What type of targeted therapy will I receive?

(Targeted Therapy - About) What are the benefits and risks of targeted therapy?

(Targeted Therapy - Time) How often will I need treatment?

(Targeted Therapy - Time) How long will the treatment last?

(Targeted Therapy - Logistics) Do I need to bring someone with me to each treatment session?

(Targeted Therapy - Logistics) Where will I undergo targeted therapy?

(Targeted Therapy - Side effects) What are the side effects of targeted therapy?

(Targeted Therapy - Side effects) How often do patients experience these side effects?

(Targeted Therapy - Side effects) How are the side effects managed?

(Targeted Therapy - Insurance) Will this therapy be covered by my insurance?

(Radiation Therapy - About) What is radiation therapy?

(Radiation Therapy - About) Why do I need radiation therapy?

(Radiation Therapy - About) What is my treatment regimen?

(Radiation Therapy - Time) How long will the treatment last?

(Radiation Therapy - Time) How often will I need treatment?

(Radiation Therapy - Logistics) Do I need to bring someone with me to each treatment session?

(Radiation Therapy - Logistics) Where will I undergo radiation therapy?

(Radiation Therapy - Logistics) Can I miss a few treatments?

(Radiation Therapy - Side effects) How often do patients experience these side effects?

(Radiation Therapy - Side effects) How are the side effects managed?

(Radiation Therapy - Insurance) Will this radiation therapy be covered by my insurance?

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(Clinical Trial) What is the purpose of the trial?

(Clinical Trial) Why do the researchers believe that the treatment being studied may be better than the one being used now? Why may it not be better?

(Clinical Trial) How long will I be in the trial?

(Clinical Trial) What kinds of tests and treatments are involved?

(Clinical Trial) How will the doctor know if the treatment is working?

(Clinical Trial) How will I be told about the trial's results?

(Clinical Trial) How long do I have to make up my mind about joining this trial?

(Clinical Trial) Who can I speak with about questions I have during and after the trial?

(Clinical Trial) Who will be in charge of my care during the trial?

(Clinical Trial) Is there someone I can talk to who has been in the trial?

(Clinical Trial) How does the treatment I would receive in this trial compare with the other treatment choices?

(Clinical Trial) What are the possible side effects or risks of the new treatment?

(Clinical Trial) What are the possible benefits of participating in the trial?

(Clinical Trial) How do the possible risks and benefits of this trial compare to those of the standard treatment?

(Clinical Trial) How will my health information be kept private?

(Clinical Trial) What happens if I decide to leave the trial?

(Clinical Trial) Will I have to pay for any of the treatments or tests?

(Clinical Trial) What costs will my health insurance cover?

(Clinical Trial) Who pays if I'm injured in the trial?

(Clinical Trial) Who can help answer any questions from my insurance company?

(Clinical Trial) Will I be paid for participating in the trial?

(Clinical Trial) Will I be reimbursed for expenses during the trial? If yes, what type of expenses?

(Clinical Trial) How could the trial affect my daily life?

(Clinical Trial) How often will I have to come to the hospital or clinic?

(Clinical Trial) Will I have to stay in the hospital during the clinical trial? If so, how often and for how long?

(Clinical Trial) Will I have to travel long distances?

(Clinical Trial) Will I have check-ups after the trial?

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(Nutrition) What type of diet do you recommend for me?

(Nutrition) Should I take any vitamins or supplements to support healing?

(Nutrition) Are there any side effects from your recommended supplements?

(Nutrition) How much water or fluids should I drink each day to maintain my hydration?

(Nutrition) How many calories should I consume daily?

(Nutrition) Are there foods I should avoid during my treatment?

(Nutrition) Are there supplements or vitamins I should avoid during my treatment?

(Nutrition) How can I prepare myself before beginning therapy? Can I eat, drink, etc. before or after receiving the medicine?

(Exercise) Can I exercise during treatment?

(Exercise) Are some exercises better than others given my diagnosis?

(Exercise) Do patients who exercise tend to do better?

(Exercise) Are there exercises I should avoid while undergoing treatment?

(Daily Life) Can I work during treatment?

(Daily Life) Do I need to arrange to have someone to help me with daily activities?

(Daily Life) How can this therapy affect my daily routine and hobbies that I value?

(Daily Life) How can this therapy affect my ability to visit with family or friends?

(Daily Life) Are there any local support programs where I can speak with other people who are receiving similar therapy?

(Daily Life) What do you notice are some of the keys to being successful with this treatment or protocol?

(Well-Being) How do you recommend I control my stress?

(Well-Being) How do you recommend I manage depression?
