**Questions to Ask Your Surgeon**

**First Opinion**

Doctor’s Name & Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Opinion**

Doctor’s Name & Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis**

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| **What is my diagnosis?**  |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What do my test results show?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Will I need any additional tests? (ex. Blood tests, x-rays, PET Scan, MRI)** |
| **1st Opinion:** |
| **2**nd **Opinion:** |

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| **If yes, when can I expect the test results?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What effect will these results have on my treatment options?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **How can I get copies of my records? (ex. Test results, pathology report, diagnosis)** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Do I need to be referred to other specialists?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **Who will be coordinating my care?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |

**Treatment**

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| **What are my treatment options and what are the pros and cons of each? (ex. Chemotherapy, radiation)?**  |
| **1st Opinion:** |
| **2nd Opinion:** |
|  **Surgical Treatment** |
| **What are my surgical options and what are the pros and cons of each?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What type of anesthesia will I need for the surgery? (ex. general, localized, regional)** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **How long will I be in the hospital? Will I need someone to help me return to my home from the hospital?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **How should I expect to feel after the operation? What restrictions will I have on my normal activities?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Will I have a surgical drain in place when I go home? When will it be removed?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Will I need any other treatments? If so, which ones and how long after surgery will I begin the other treatment?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **When will I have the pathology (biopsy) report?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **I’d like my biopsy to be sent to Oncotype or foundation medicine. Can you do that for me?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **When should I return for a post-op appointment?** |
| **1st Opinion:** |
| **2nd Opinion:** |