**Questions to Ask Your Doctor (Oncologist)**

**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 are the test results?** | |
| **1st Opinion:** | |
| **2**nd **Opinion:** | |
| **Will I need any additional tests? (ex. Blood tests, x-rays, MRI, PET Scan)** | |
| **1st Opinion:** | |
| **2**nd **Opinion:** | |
| **Am I a candidate for Immunotherapy?** | |
| **1st Opinion:** | |
| **2**nd **Opinion:** | |
| **If yes, how long will these test results take?** |
| **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. Pathology and diagnosis)** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Do I need any referrals 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? (ex. Chemotherapy; radiation)** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What are the benefits and risks of these treatment options?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **What options do you recommend and why?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **What is the length and frequency of this particular treatment?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What are the possible side effects of this treatment and which ones need to be reported immediately?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **Who do I call if I have a problem during treatment?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |
| **Where will treatment take place?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What are the precautions or restrictions during treatment? For example, should I avoid any medications?** |
| **1st Opinion:** |
| **2nd Opinion:** |
| **What is my next step?** |
| **1st Opinion:** |
| **2**nd **Opinion:** |