

About Me & Diagnosis

Name: _____ Doctor: _____ Date: _____

My Personal Information: _____

Diagnosis:

What type of lung cancer do I have? _____

What diagnostic tests have I had already? Are there any other tests I should have? _____

Has my lung cancer tumor been tested for genetic mutations? _____

List of my positive genetic mutations: _____

What is the stage of my lung cancer? _____

Has the lung cancer spread to any other parts of my body? _____

List of metastasis sites: _____

Do you have any additional specialists you recommend? _____

Can you explain my prognosis? _____

Notes: _____



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Name: _____ Doctor: _____ Date: _____

Treatment Options:

What is the goal of my treatment? _____

What are my treatment options? _____

What treatment do you recommend and why? _____

Pros / Cons:

Where can I learn more or get support to make the right decision for me?

What does treatment success look like for me?

Are clinical trials an option for me?

Notes: _____



Name: _____ Doctor: _____ Date: _____

Treatment Plan:

What can I expect from my treatment? _____

Are there any side effects I should be aware of for this treatment plan? _____

List of side effects: _____

How long will treatment last and how often will I receive treatment? _____

Will we know right away if the treatment is working? _____

Does my insurance cover this treatment? _____



Who is part of my care team? What are they responsible for? _____

List of healthcare team & responsibilities: _____

Can I receive palliative care with my treatment to improve my quality of life? _____

Notes: _____

Name: _____ Doctor: _____ Date: _____

Important Questions:

How often will I have appointments and/or scans? _____

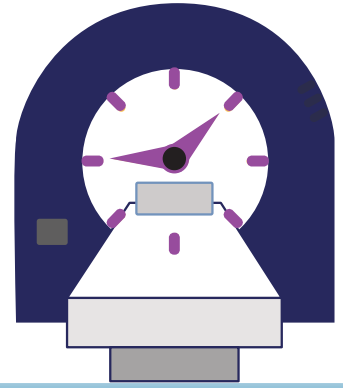
Who should I contact if I have questions in between appointments? _____

Who handles health insurance and payment questions in this office? _____

What symptoms or side effects are considered emergency symptoms?

What happens if the treatment is not working?

Are there any resources to help me or my family cope?



A log can be used to track any symptoms or side effects you experience before/during diagnosis/treatment.

Date:				
Symptom Experienced				
Severity (1-10)				
When it was experienced				
Action or Medicine taken				
Relief?				