

# 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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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Treatment Plan:**

What can I expect from my treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

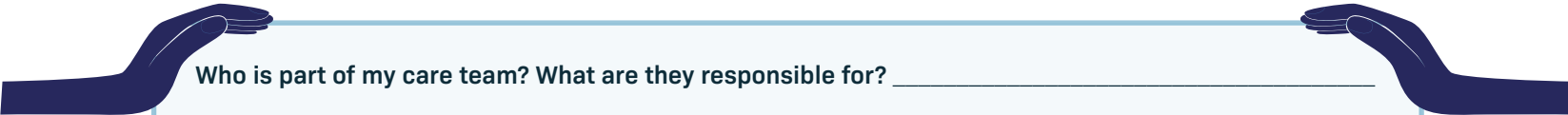
Are there any side effects I should be aware of for this treatment plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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?

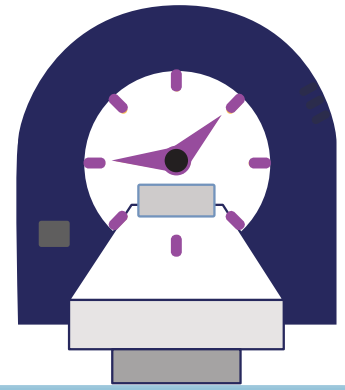
\_\_\_\_\_  
\_\_\_\_\_

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?				