QUESTIONS ABOUT TREATMENT

Can you confirm my diagnosis: primary site, stage & grade?
Primary Site: Grade: Stage: Parts of body affected:
Can it be treated?
What treatment options are available and suitable for me?
Would I need to have any further tests/scans before starting treatment? **If Yes - what would I need? and when?**
Do I need treatment straight away or in the next few weeks/months?
Where would I have this treatment?
What is the aim of this treatment? What outcome do you expect/hope for?

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What do you see as the possible benefits, for me, of having this treatment?
What are the possible side-effects? Are there any long-term consequences? If Yes - what are they?
How might it affect my daily life e.g., work/study/hobbies? **Will need to avoid certain activities e.g., lifting/carrying?**
How might it affect my personal/intimate life? Sex/Fertility/Pregnancy/Social contact/Mood
When would I need to decide on treatment?
Have you any written information I can take home with me?
Who can I call if/when I have any questions?
What happens if I decide not to have this treatment? Are there any alternatives?

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Who will be my main point of contact? e.g., Clinical Nurse Specialist, Secretary, Support Worker . .
Name: Telephone number: Email:
What support is available to me / my family? e.g., Clinical Nurse Specialist, Patient Organisation/ Charity, Counselling, . . .
Additional Questions / Notes

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Notes

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