



MY DIAGNOSIS

My **oncologist's** name is: _____

Phone: _____ Email: _____

Name of my **nurse** or other office staff: _____

How much has the **tumor** spread? _____

Where has the **tumor** spread? (Tick all that apply)

Brain Bone Lymphatic system Liver Lung Other

Will I experience any **symptoms** from the **tumor**?

What tests will I need right now and how long do they take?

What **type of breast cancer** do I have? (Tick all that apply)

Hormone receptor-positive Hormone receptor-negative
 HER2-positive HER2-negative
 Triple-negative (ER/PR-negative, HER2-negative)

What does this mean for the treatment I will get?



MY TREATMENT

Do you have past experience in treating this type of breast cancer?

What medicines will I be taking?

What are the possible **side effects**?

Is there anything I can eat or drink before and after my cancer treatment to prevent **nausea**, **diarrhoea** or other **side effects**?

What can I do to help myself deal with fatigue from the cancer or the treatment?

I am worried about losing my **hair**, is there anything I can do to prevent this?

How often will I take the **treatment**?



MY TREATMENT

Do you have any brochures or information in regards to my treatment?

Will I need an intravenous infusion?

How much time should I schedule for the visits?

When and how will you assess my treatment response?

Will I be getting any chemotherapy, **radiation** or **surgery**?



MY EMOTIONS

Who is available at this practice or **hospital** to help me with **anxiety** or **depression**?

Is there a **psycho-oncologist** or **counselor** who has experience in treating people with metastatic cancer who can help me?

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Can I have the name of a social worker who works with **MBC** patients?

What are the patient **support groups** for women with **MBC** in this area?



MY EMOTIONS

Where else can I talk to other women with **MBC**?

Are there **counselors** who could help me talk to my family?

Are these services covered by my medical **insurance**?



MY HEALTH

I am concerned about my diet, do you have a **dietician** who works with people who are taking anticancer medicines and **chemotherapy**?

Name: _____ Phone number: _____

Is there anything I can do to help myself feel stronger/less exhausted?

Are there any **complementary** therapies or specific centers you recommend who work with people who have cancer?

What **complementary** medical practitioners are connected with your hospital or medical practice?



MY RELATIONSHIPS

Do you have any information for me on how to tell people about my **diagnosis**?

Can you refer me to a child psychologist experienced in working with **terminal illness** in the family?

Name: _____ Phone number: _____

What information or brochures can you share with me about the impact the **diagnosis** will have on my family?

Will my treatment affect my sex life?



MY WORK

How long do you think I will be able to continue **working** while receiving **treatment**?

When will I know how I'm responding to this **treatment**? After the first therapy or later?

Will there be times when I feel better and could work if I wanted to?

What do people in my situation usually do about **work**?



NOTES

What did I learn?

What matters to me?

What questions do I have?
