Other Treatment: Questions to Ask the Doctor

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in the information if your doctor recommends a special treatment, such as radiation or physical therapy.

| General questions |
|---|
| What is the name of the treatment? |
| |
| Why do I need this treatment? |
| |
| What might happen if I delay or avoid this treatment? |
| |
| Are there any other treatment options? If so, describe them: |
| |
| What is the next step if this treatment doesn't work? |
| |
| How much does the treatment cost? How can I find out? |
| |
| Are there other costs to the treatment, such as equipment or therapy? |
| |
| Questions to ask about the treatment |
| What kind of preparation is needed for this treatment? |
| |
| Where will the treatment be done (hospital or other location)? |
| |
| |

| How is the treatment done? | |
|--|------------|
| | |
| | |
| Is the treatment painful? | |
| | |
| | |
| Will the treatment be done only once or will it be repeated? | |
| | |
| How successful is this treatment? | |
| | |
| | |
| What are the risks associated with this treatment? | |
| | |
| | |
| Who will do the treatment and how much experience does the doctor have in doing this | treatment? |
| | |
| | |
| What effects are expected after the treatment? | |
| | |
| | |
| What complications might develop (both immediate and long-term)? | |
| | |
| Other questions: | |
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| | |
| | |
| Does my doctor recommend that I see another health professional? If yes: | |
| Name | |
| Address Phone number | |

Reminders

- Ask for more information about the treatment.
- Ask about a second opinion.
- Ask if there are ways to reduce the costs.
- State any concerns you have about having the treatment.



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