



Your Doctor Discussion Guide

Share what's important to you

It's important to tell your doctor what's important to you during your treatment. This will help ensure you get the most appropriate treatment and care.

To help you remember everything you'd like to talk to your doctor about, use this form and take it with you to your next appointment.

You don't have to do this by yourself. You can ask a friend or family member to complete this for you and can bring them with you to your consultation.

Discussion guide for you and your doctor. Print to complete by hand or fill in online.

Name

What's important to you during your treatment?

(Please use this space to write down any questions or anything you would like to tell your doctor about.)

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For further examples on questions you might like to ask, revisit www.whatsbreastforme.co.uk

01

Are you working?

Yes No (circle one only)

What type of work do you do?

.....

Is your job physically demanding? If so, please explain how.

.....

02

How important is it to you to maintain your normal working life?

Not important | Very important

If you can, please explain why.

.....

.....

03

Do you have any hobbies?

Yes No (circle one only)

What are they?

.....

How important are these hobbies to you?

Not important | Very important

If you can, please explain why.

.....

Are there new hobbies you would like to take up? What are they?

.....

Do you take regular physical exercise? Yes No (circle one only)

.....

What type of exercise do you do?

.....

04

How important is travel to you?

Not important | Very important

Do you like to travel internationally?

.....

Do you have any trips planned or a big event you are hoping to attend?

.....

05

How far do you have to travel to your hospital?

Is this journey easy for you to take?

.....

06

Which of the following are important to you?

(Tick the ones that apply)

- My appearance Eating and drinking Sex
- Being active Being independent Being outdoors
- Socialising Sport/fitness

Please use this space to provide any more information

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07

What experience did you have on treatments you have already received?

Treatment

.....

Was this treatment for primary or secondary breast cancer?

.....

What side effects did you have?

.....

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How did you feel overall?

.....

.....

.....

08

Do you care for children or other dependants? Yes No (circle one only)

If yes, please give more details below:

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.....

.....

How do you like to spend your time with friends and family?

.....

.....

.....

Thank you. Feel free to take this completed form to your next appointment.