



MY DIAGNOSIS

| My oncologist's name is: | |
|---|---------------------------|
| Phone: | Email: |
| Name of my nurse or other office staff: | |
| Where has the tumor spread? (Tick all that ap | ply) |
| Brain Bone Lymphatic sy | stem Liver Lung Other |
| What stage is my cancer and what does this n | nean? |
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| | |
| What type of breast cancer do I have? (Tick all | that apply) |
| Hormone receptor-positive | Hormone receptor-negative |
| HER2-positive | HER2-negative |
| Triple-negative | |
| Will I need any other tests before we can decid | de on treatment? |
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| Is there anything I should know about my diag | gnosis? |
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MY TREATMENT

| What treatment options would you recommend for me and why? Are these the best treatment options for me? |
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| What risks or side effects are there to the treatments you suggest? Are there things I can do to reduce these side effects? |
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| What would the goal of the treatment be? |
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| Do I need to change my diet? |
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| I am worried about losing my hair, is there anything I can do to prevent this? |
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MY TREATMENT

| How long will treatment last? What will it be like? Where will it be done? |
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| Will I need an intravenous infusion? |
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| How often do I need to follow up with you? |
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| How do I know if I am doing well or if my cancer has progressed? |
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| Will I be getting any radiation or surgery? |
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MY EMOTIONS

| Does your hospital provide any psychosocial can join? | support or are there any patient support groups I |
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| Do you know of any counselors experienced | in helping people with metastatic cancer? |
| Name: | Phone number: |
| Would you be able to provide any recomme | ndations for patient support groups? |
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| Is there any patient assistance program for t metastatic cancer available in Malaysia? | the treatment that I am taking or financial aid for |
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MY HEALTH

| | t. Do you know of any dieticians experienced in working with ncer medicines and chemotherapy? |
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| Name: | Phone number: |
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| Is there anything I can do to h | nelp myself feel stronger/less exhausted? |
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| Are there any complementary patients diagnosed with cand | y therapies or specific centers that you would recommend for cer? |
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| How will treatment affect my daily activities? | |
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| Can I still work full-time? | |
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| What did I learn? |
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| What matters to me? |
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| What questions do I have? |
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