



YOUR FIRST ONCOLOGY CONSULTATION LEAFLET

(This is the sheet you use when you first come to Oncology)

Your name _____ Signature _____ Today's Date _____

1. What have you been told so far about your cancer?

2. What would you like to know today about:

a. Your cancer diagnosis:

b. Your prognosis (whether you can be cured or not)

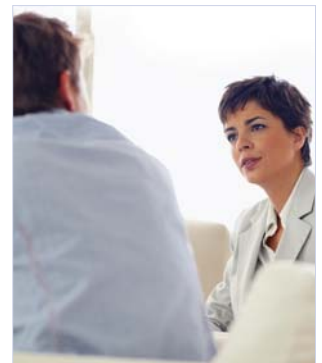
(Please tick the relevant box)

- I would like to know the whole picture, including all possibilities, even if this is bad news
- If **I CANNOT BE CURED** I want to know the basics but I **DO NOT** want the doctor to estimate how long I might live for

We appreciate these are difficult questions. There is no right or wrong answer and your need for information may change. Your doctor will however, find it helpful to know what you are thinking today.

3. Please consider which of the 5 statements best describes your wish for involvement in treatment related decision-making and tick the relevant box next to it:

- | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A. I prefer to make the decision about which treatment I will receive | <input type="checkbox"/> |
| B. I prefer to make the final decision about my treatment after seriously considering my doctor's opinion | <input type="checkbox"/> |
| C. I prefer that my doctor and I share responsibility for deciding which treatment is best for me | <input type="checkbox"/> |
| D. I prefer that my doctor make the final decision about which treatment will be used but seriously consider my opinion | <input type="checkbox"/> |
| E. I prefer to leave all decisions regarding treatment to my doctor | <input type="checkbox"/> |



4. What else would you like to know today?

5. Any other comments

YOUR FIRST ONCOLOGY CONSULTATION LEAFLET

You might find it helpful to think about the following points AFTER you have had your consultation and make some notes to help prepare you for your next consultation with your doctor:

6. Were all your questions answered and if not was there a reason for this?

7. Do you have any questions for next time?

8. It might be helpful if you made a note of the main points the doctor discussed with you.

9. Any other comments



YOUR FOLLOW UP CONSULTATION LEAFLET

(This is the sheet you use for follow up consultations)

Your name _____ Signature _____ Today's Date _____

1. What have you been told so far about your cancer?

2. Has your need for information changed in any way since your last consultation? And if so what would you like to know today?

3. Please consider which of the 5 statements best describes your wish for involvement in treatment related decision-making and tick the relevant box next to it:

- | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A. I prefer to make the decision about which treatment I will receive | <input type="checkbox"/> |
| B. I prefer to make the final decision about my treatment after seriously considering my doctor's opinion | <input type="checkbox"/> |
| C. I prefer that my doctor and I share responsibility for deciding which treatment is best for me | <input type="checkbox"/> |
| D. I prefer that my doctor make the final decision about which treatment will be used but seriously consider my opinion | <input type="checkbox"/> |
| E. I prefer to leave all decisions regarding treatment to my doctor | <input type="checkbox"/> |



We appreciate these are difficult questions. There is no right or wrong answer and your need for information may change. Your doctor will however, find it helpful to know what you are thinking today.

4. If you have recently had some tests (CT/MRI/ Bone Scan/X-rays) you may want to think about the following options and tick all boxes that apply to your needs:

- I would like the doctor to show me my scan results
- I would like to know the whole picture, including information about the size of my cancer **AND** what effect this has on my prognosis
- I would like to receive information about the size of my cancer **BUT I DO NOT** want to know what effect this has on my prognosis. I want to concentrate on what you can do to help me
- I would prefer it if you just told me if my cancer had grown or not and didn't go into any more details
- If you give me some bad news I would like the option of going into a quiet room at the end of the consultation for a few minutes to compose myself

5. Any other comments

YOUR FOLLOW UP CONSULTATION LEAFLET

You might find it helpful to think about the following points AFTER you have had your consultation and make some notes to help prepare you for your next consultation with your doctor:

6. Were all your questions answered and if not was there a reason for this?

7. Do you have any questions for next time?

8. It might be helpful if you made a note of the main points the doctor discussed with you.

9. Any other comments