Doctor office visit checklist

Before the visit

☐ Gather your questions
☐ Identify symptoms
☐ Check your loved one’s file
☐ Call to confirm appointment
☐ Take a list of any medicines the patient is currently taking
☐ If the patient has seen a doctor before for a similar problem, take the record from the visit with you

During the visit

☐ Help the patient describe symptoms accurately
☐ Ask questions
☐ Record the doctor’s instructions
☐ Discuss recommendations
☐ Verify follow-up
☐ State the main problem first
☐ Describe the symptoms
☐ Describe the patient’s past experiences with the same problem.

At the end of the visit, ask:

☐ Does the patient need to return for another visit?
☐ Can I phone in for test results?
☐ What danger signs should we look for?
☐ When does the patient need to report back about the condition?
☐ What else do we need to know?

After the visit

☐ Review your notes
☐ Check prescription
☐ Discuss the visit
☐ Update your calendar

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Doctor office visit checklist

☐ Call for test results
☐ What's wrong?
☐ What might happen next?
☐ Ask what you can do at home

Being prepared

☐ Post emergency information in a prominent place
☐ Have updated information on your loved one ready to go
☐ Enlist a friend to be your ER buddy before a crisis occurs
☐ Pack a bag ahead of time
Questions for newly diagnosed patients to ask their doctor

1. What type of lung cancer do I have?
   ____________________________________________________________
   ____________________________________________________________

2. What type of doctors will I need to take care of me for this problem?
   ____________________________________________________________
   ____________________________________________________________

3. How much experience do they and the facility have with this problem?
   ____________________________________________________________
   ____________________________________________________________

4. What test do I need to determine how far the cancer has spread and what treatment I need?
   ____________________________________________________________
   ____________________________________________________________

5. What is the stage of my lung cancer and what does this mean for my treatment?
   ____________________________________________________________
   ____________________________________________________________

6. What are my treatment options? Which do you believe are the best ones, and why?
   ____________________________________________________________
   ____________________________________________________________

7. How may I go about getting a second opinion on my diagnosis and treatment options?
   ____________________________________________________________
   ____________________________________________________________

8. What is a clinical trial and should I enter one?
   ____________________________________________________________
   ____________________________________________________________

9. Are you board certified?
   ____________________________________________________________
   ____________________________________________________________

10. How do you keep up to date on current treatments?
   ____________________________________________________________
    ____________________________________________________________

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Questions for newly diagnosed patients to ask their doctor

11. How many times have you performed this specific surgery [if surgery is being recommended]?
   ____________________________________________________________
   ____________________________________________________________

12. Can I talk with other patients who have had the same or similar surgery [or treatments]?
   ____________________________________________________________
   ____________________________________________________________

13. Are you willing to answer my questions during doctor visits? Outside of doctor visits?
   ____________________________________________________________
   ____________________________________________________________

14. Will you answer my questions directly?
   ____________________________________________________________
   ____________________________________________________________

15. Will you return my phone calls in a timely manner?
   ____________________________________________________________
   ____________________________________________________________

16. Are you willing to honor my personal decision-making style?
   ____________________________________________________________
   ____________________________________________________________

17. Do you accept my insurance?
   ____________________________________________________________
   ____________________________________________________________

18. Who provides backup care if you are out of town or unavailable? Are they board certified?
   ____________________________________________________________
   ____________________________________________________________

19. Do you participate in clinical trials?
   ____________________________________________________________
Questions about testing

Before testing

1. What tests do I need?

_____________________________________________________________________________
_____________________________________________________________________________

2. Why do I need these tests? What are you trying to find?

_____________________________________________________________________________
_____________________________________________________________________________

3. What is involved in these tests?

_____________________________________________________________________________
_____________________________________________________________________________

4. Who will perform the tests? Where will they be performed?

_____________________________________________________________________________
_____________________________________________________________________________

5. How long does it take for each test?

_____________________________________________________________________________
_____________________________________________________________________________

6. Are there any possible complications from these tests?

_____________________________________________________________________________
_____________________________________________________________________________

7. Do I need to follow any restrictions before the tests?

_____________________________________________________________________________
_____________________________________________________________________________

8. Do any of the tests hurt?

_____________________________________________________________________________
_____________________________________________________________________________

9. What will each test determine?

_____________________________________________________________________________
_____________________________________________________________________________

10. How will these test results be helpful?

_____________________________________________________________________________
Questions about testing

11. When will I get the results? How will you notify me?

_____________________________________________________________________________
_____________________________________________________________________________

After testing

1. What have my tests shown?

_____________________________________________________________________________
_____________________________________________________________________________

2. What do the test results indicate?

_____________________________________________________________________________
_____________________________________________________________________________

3. Should I get a second opinion?

_____________________________________________________________________________
General treatment questions

1. If I need surgery, what type is it and how is the recovery?

_____________________________________________________________________________
_____________________________________________________________________________

2. If I need radiation therapy, what type is it and how long will it take?

_____________________________________________________________________________
_____________________________________________________________________________

3. If I need chemotherapy, what medications will be used and for how long? When will I need it to begin?

_____________________________________________________________________________
_____________________________________________________________________________

4. What type of side effects should I expect from radiation and/or chemotherapy?

_____________________________________________________________________________
_____________________________________________________________________________

5. How are these side effects managed? Can they be prevented?

_____________________________________________________________________________
_____________________________________________________________________________

6. Are any side effects permanent, such as not being able to have children?

_____________________________________________________________________________
_____________________________________________________________________________

7. Will I be able to work during chemotherapy?

_____________________________________________________________________________
_____________________________________________________________________________

8. Should I go out on disability?

_____________________________________________________________________________
_____________________________________________________________________________

9. Will my health insurance cover the treatments?

_____________________________________________________________________________
_____________________________________________________________________________

10. If I feel sad or overwhelmed by everything that is happening, who can I go to?

_____________________________________________________________________________
_____________________________________________________________________________
General treatment questions

11. Will I need blood or medications to raise my white cells or red cells?
_____________________________________________________________________________
_____________________________________________________________________________

12. Do I need advice on diet and vitamins or supplements?
_____________________________________________________________________________
_____________________________________________________________________________

13. Am I allowed to drink alcohol during my treatment?
_____________________________________________________________________________
_____________________________________________________________________________

14. Should I and my family take any special precautions against infection while I am being treated?
_____________________________________________________________________________
_____________________________________________________________________________

15. Can you help with quitting smoking?
_____________________________________________________________________________
_____________________________________________________________________________

16. Should I get a flu shot or pneumonia shot?
_____________________________________________________________________________
_____________________________________________________________________________

17. What tests are done to check on my cancer during and after treatment?
_____________________________________________________________________________
_____________________________________________________________________________

18. What are the office numbers to call for routine and after-hours calls?
_____________________________________________________________________________
_____________________________________________________________________________

19. What signs or symptoms do you want to be called for? For what signs or symptoms should I go right to the emergency room?
_____________________________________________________________________________
_____________________________________________________________________________
Questions for medical oncologist

1. What type of lung cancer do I have?
   __________________________________________
   __________________________________________

2. What stage is my lung cancer?
   __________________________________________
   __________________________________________

3. If my cancer has spread, where else is it located in my body?
   __________________________________________
   __________________________________________

4. Do I need more tests?
   __________________________________________
   __________________________________________

5. What does my post-treatment care look like?
   __________________________________________
   __________________________________________

6. What rehabilitation support and services are available for me?
   __________________________________________
   __________________________________________
Questions for pulmonologist

1. What screening or x-ray methods will you use?
   ____________________________________________________________
   ____________________________________________________________

2. Will I be exposed to harmful substances?
   ____________________________________________________________
   ____________________________________________________________

3. How long will it take to obtain the results?
   ____________________________________________________________
   ____________________________________________________________

4. Who will explain my screening results to me?
   ____________________________________________________________
   ____________________________________________________________

5. What is a lung biopsy?
   ____________________________________________________________
   ____________________________________________________________

6. How will you conduct the biopsy? Is it painful?
   ____________________________________________________________
   ____________________________________________________________

7. Will I need to have anesthesia for the biopsy?
   ____________________________________________________________
   ____________________________________________________________

8. Will a biopsy require an overnight hospital stay?
   ____________________________________________________________
   ____________________________________________________________

9. How do you read a biopsy?
   ____________________________________________________________
   ____________________________________________________________

10. Am I more susceptible to diseases such as bronchitis?
    ____________________________________________________________
    ____________________________________________________________
Questions for pulmonologist

11. Why am I short of breath?

_____________________________________________________________________________
_____________________________________________________________________________

12. Are there exercises to help me regain my breathing capacity?

_____________________________________________________________________________
_____________________________________________________________________________

13. How will we know if the treatment is working?

_____________________________________________________________________________
_____________________________________________________________________________

14. Am I at risk for a relapse?

_____________________________________________________________________________
_____________________________________________________________________________

15. Will I be able to continue work/school?

_____________________________________________________________________________
_____________________________________________________________________________

16. Are there any alternative treatment options?

_____________________________________________________________________________
_____________________________________________________________________________
Questions for radiation oncologist

1. What are the treatment choices available for my type of lung cancer?
_____________________________________________________________________________
_____________________________________________________________________________

2. Which treatments do you recommend?
_____________________________________________________________________________
_____________________________________________________________________________

3. How long will each treatment last, and how will I receive it?
_____________________________________________________________________________
_____________________________________________________________________________

4. What results do you expect?
_____________________________________________________________________________
_____________________________________________________________________________

5. What are the side effects and how can they be minimized?
_____________________________________________________________________________
_____________________________________________________________________________

6. How long will I need radiation?
_____________________________________________________________________________
_____________________________________________________________________________

7. How will we know if the radiation is working?
_____________________________________________________________________________
_____________________________________________________________________________

8. Can the treatment cause other problems such as heart, lung, kidney damage/disease, or fertility problems?
_____________________________________________________________________________
_____________________________________________________________________________

9. Will I have to receive other treatments at the same time and how will that effect the radiation?
_____________________________________________________________________________
_____________________________________________________________________________

10. Are there any long-term effects or dangers?
_____________________________________________________________________________
Questions for radiation oncologist

11. Will I be able to continue work/school during treatment?
Questions for deciding on a treatment

1. Would you please write down the exact type of lung cancer I have?

_____________________________________________________________________________
_____________________________________________________________________________

2. May I have a copy of my pathology report?

_____________________________________________________________________________
_____________________________________________________________________________

3. Has my lung cancer spread beyond the place where it started?

_____________________________________________________________________________
_____________________________________________________________________________

4. What is the stage of my lung cancer? What does that mean in my case?

_____________________________________________________________________________
_____________________________________________________________________________

5. Are there other tests that need to be done before we can decide on treatment?

_____________________________________________________________________________
_____________________________________________________________________________

6. What treatment choices do I have?

_____________________________________________________________________________
_____________________________________________________________________________

7. What do you suggest and why?

_____________________________________________________________________________
_____________________________________________________________________________

8. What is the goal of this lung cancer treatment?

_____________________________________________________________________________
_____________________________________________________________________________

9. How long will treatment last? What will it involve? Where will it be done?

_____________________________________________________________________________
_____________________________________________________________________________

10. What are the chances my lung cancer can be cured with these options?

_____________________________________________________________________________
Questions for deciding on a treatment

11. What risks or side effects are there to the treatment you suggest?
_____________________________________________________________________________
_____________________________________________________________________________

12. Is there a way to minimize the side effects?
_____________________________________________________________________________
_____________________________________________________________________________

13. How long will treatment last? How often will I get it?
_____________________________________________________________________________
_____________________________________________________________________________

14. What type of follow-up will I need after lung cancer treatment?
_____________________________________________________________________________
_____________________________________________________________________________

15. Can the treatment cause other problems such as heart, lung, or kidney damage/disease, or fertility problems?
_____________________________________________________________________________
_____________________________________________________________________________

16. Will I lose my hair? If so, what can I do about it?
_____________________________________________________________________________
_____________________________________________________________________________

17. What should I do to get ready for treatment?
_____________________________________________________________________________
_____________________________________________________________________________

18. What are the chances that the treatment won't work or the cancer will come back? What would we do then?
_____________________________________________________________________________
_____________________________________________________________________________

19. Are clinical trials an option for me? If so, how do I find one?
_____________________________________________________________________________
Questions to ask after treatment

1. How often will I need to have blood tests and/or imaging after treatment?

_____________________________________________________________________________
_____________________________________________________________________________

2. How often do I need to return for office visits?

_____________________________________________________________________________
_____________________________________________________________________________

3. How long will it take for my strength to come back?

_____________________________________________________________________________
_____________________________________________________________________________

4. Do I have any limitations on diet, exercise, or work?

_____________________________________________________________________________
_____________________________________________________________________________

5. How long before I am considered “cancer free”?

_____________________________________________________________________________
_____________________________________________________________________________

6. How would I know if the cancer were to come back?

_____________________________________________________________________________
_____________________________________________________________________________

7. What would my treatment be if the cancer were to come back?

_____________________________________________________________________________
Questions about surgery

General Questions

1. What is the name of the surgical procedure?

_____________________________________________________________________________
_____________________________________________________________________________

2. Why do I need surgery?

_____________________________________________________________________________
_____________________________________________________________________________

3. How soon should surgery take place?

_____________________________________________________________________________
_____________________________________________________________________________

4. What might happen if I delay or avoid the surgery?

_____________________________________________________________________________
_____________________________________________________________________________

5. Will you explain the surgery in simple terms?

_____________________________________________________________________________
_____________________________________________________________________________

6. How much of my lung(s) do you anticipate will need to be removed?

_____________________________________________________________________________
_____________________________________________________________________________

7. What are the risks and benefits of this surgery? What results should I expect from the surgery?

_____________________________________________________________________________
_____________________________________________________________________________

8. Are there any treatments I can have before surgery to shrink the tumor?

_____________________________________________________________________________
_____________________________________________________________________________

9. Are there any nonsurgical options?

_____________________________________________________________________________
Questions about surgery

10. Are there any less invasive surgery options?

_____________________________________________________________________________

_____________________________________________________________________________

11. What is the next step if this surgery doesn’t work?

_____________________________________________________________________________

_____________________________________________________________________________

12. How much does the surgery cost? How can I find out?

_____________________________________________________________________________

_____________________________________________________________________________

About the Procedure

1. What should I do to prepare?

_____________________________________________________________________________

_____________________________________________________________________________

2. How is the surgery done?

_____________________________________________________________________________

_____________________________________________________________________________

3. How long will the surgery take?

_____________________________________________________________________________

_____________________________________________________________________________

4. What kind of anesthesia will be used (general, local, or regional)?

_____________________________________________________________________________

_____________________________________________________________________________

5. Will I have drains, catheters, or intravenous lines?

_____________________________________________________________________________

_____________________________________________________________________________

6. Is there a possibility that I will need a blood transfusion, and if so, can I bank my own blood before surgery?

_____________________________________________________________________________

_____________________________________________________________________________

7. How successful is this procedure?

_____________________________________________________________________________

_____________________________________________________________________________
Questions about surgery

8. What are the risks associated with this surgery?
_____________________________________________________________________________
_____________________________________________________________________________

9. How much experience do you have with this procedure?
_____________________________________________________________________________
_____________________________________________________________________________

10. Has the procedure been done often in this hospital or surgery center?
_____________________________________________________________________________
_____________________________________________________________________________

About Post-Surgery

1. How long will I have to remain in the hospital?
_____________________________________________________________________________
_____________________________________________________________________________

2. How will I feel after surgery?
_____________________________________________________________________________
_____________________________________________________________________________

3. How much pain is there after this type of surgery? How is it treated?
_____________________________________________________________________________
_____________________________________________________________________________

4. How long will it take for me to recuperate?
_____________________________________________________________________________
_____________________________________________________________________________

About What to Expect When You Get Home

1. What kind of care will I need at home? Are there any activity limitations?
_____________________________________________________________________________
_____________________________________________________________________________

2. How soon can I eat a regular meal?
_____________________________________________________________________________
Questions about surgery

3. How long will it be until I can resume normal activities?
_____________________________________________________________________________
_____________________________________________________________________________

4. What symptoms should I watch for and report?
_____________________________________________________________________________
_____________________________________________________________________________

5. Will I need other types of treatment after surgery?
_____________________________________________________________________________
_____________________________________________________________________________

6. How long will it be until I can safely receive other necessary treatments?
_____________________________________________________________________________
_____________________________________________________________________________

7. Are there alternatives to this treatment?
_____________________________________________________________________________
_____________________________________________________________________________

Reminder

1. Ask for other information about the surgery.
2. Ask about a second opinion.
3. Ask how much the surgery will cost and if there are ways to reduce the costs.
4. State any concerns you have about having the surgery.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What kind of radiation therapy will I get?</td>
<td></td>
</tr>
<tr>
<td>2. How can radiation therapy help?</td>
<td></td>
</tr>
<tr>
<td>3. How many weeks will my course of radiation therapy last?</td>
<td></td>
</tr>
<tr>
<td>4. What kinds of side effects should I expect during my course of radiation therapy?</td>
<td></td>
</tr>
<tr>
<td>5. Will these side effects go away after radiation therapy is over?</td>
<td></td>
</tr>
<tr>
<td>6. What kind of late side effects should I expect after radiation therapy is over?</td>
<td></td>
</tr>
<tr>
<td>7. What can I do to manage these side effects?</td>
<td></td>
</tr>
<tr>
<td>8. What will you do to manage these side effects?</td>
<td></td>
</tr>
<tr>
<td>9. How can I learn more about radiation therapy?</td>
<td></td>
</tr>
</tbody>
</table>
Questions about chemotherapy

1. Why do I need chemotherapy?
   ____________________________________________________________________________

2. What are the advantages and disadvantages of chemotherapy for me?
   ____________________________________________________________________________

3. How successful is chemotherapy for my type of cancer?
   ____________________________________________________________________________

4. Are there any other treatments I can have instead?
   ____________________________________________________________________________

5. How much does treatment cost?
   ____________________________________________________________________________

6. What drugs will I be receiving? How will they be given?
   ____________________________________________________________________________

7. How often will I receive this treatment? How long will I have treatment?
   ____________________________________________________________________________

8. Where will I have the chemotherapy? Can I have it close to where I live?
   ____________________________________________________________________________

9. What are the possible side effects of this treatment and what can I do to control them?
   ____________________________________________________________________________

10. Are there any complementary therapies that will help?
    ____________________________________________________________________________
Questions about chemotherapy

11. How will I know if the treatment is working?
_____________________________________________________________________________
_____________________________________________________________________________

12. Will chemotherapy affect my sex life and fertility?
_____________________________________________________________________________
_____________________________________________________________________________

13. After treatment has finished, will I need checkups?
_____________________________________________________________________________
_____________________________________________________________________________

14. Who should I contact for information or if I have a problem during treatment? Who is my after-hours contact?
_____________________________________________________________________________
_____________________________________________________________________________
Questions about targeted therapy

1. Why do you recommend a targeted cancer therapy for me?
_____________________________________________________________________________
_____________________________________________________________________________

2. What mutation do I have?
_____________________________________________________________________________
_____________________________________________________________________________

3. What kind of targeted cancer therapy will I get?
_____________________________________________________________________________
_____________________________________________________________________________

4. Will targeted cancer therapy be my only treatment, or will it be combined with another
treatment?
_____________________________________________________________________________
_____________________________________________________________________________

5. How often will I take this therapy and for how long?
_____________________________________________________________________________
_____________________________________________________________________________

6. How and when will I know if the treatment is working?
_____________________________________________________________________________
_____________________________________________________________________________

7. How often do I need to be seen between treatments for a physical exam and/or lab work?
_____________________________________________________________________________
_____________________________________________________________________________

8. Can I expect to see changes in my lab results while on this treatment?
_____________________________________________________________________________
_____________________________________________________________________________

9. Are there any tests or procedures I will need during the treatment?
_____________________________________________________________________________
_____________________________________________________________________________

10. What side effects can I expect?
_____________________________________________________________________________
_____________________________________________________________________________
Questions about targeted therapy

11. What can I do to manage these side effects?
_____________________________________________________________________________
_____________________________________________________________________________

12. How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
_____________________________________________________________________________
_____________________________________________________________________________

13. What tests will I need after treatment is completed?
_____________________________________________________________________________
_____________________________________________________________________________

14. Are there any long-term health issues I should expect from treatment with targeted therapy?
_____________________________________________________________________________
_____________________________________________________________________________

15. How much will my treatment cost?
_____________________________________________________________________________
_____________________________________________________________________________
Questions about angiogenesis inhibitors

1. Why do you recommend an angiogenesis inhibitor for me?
   
2. What treatment(s) will this be combined with?
   
3. How and where will this therapy be given, and for how long?
   
4. How and when will I know if the treatment is working?
   
5. How often do I need to be seen between treatments for a physical exam and/or lab work?
   
6. Are there any tests or procedures I will need during the treatment?
   
7. What side effects can I expect?
   
8. What can I do to manage these side effects?
   
9. How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
   
10. What tests will I need after treatment is completed?
Questions about angiogenesis inhibitors

11. Are there any long-term health issues I should expect from treatment with an angiogenesis inhibitor?

_____________________________________________________________________________
_____________________________________________________________________________

12. How much will my treatment cost?

_____________________________________________________________________________
_____________________________________________________________________________

13. Who should I contact for information or if I have a problem during treatment? Who is my after-hours contact?

_____________________________________________________________________________
_____________________________________________________________________________
Questions about immunotherapy

1. Why do you recommend immunotherapy for me?

2. Will immunotherapy be my only treatment or will it be combined with another treatment?

3. Where do I go to get my immunotherapy?

4. How will it be administered?

5. How often will I get my treatment? How long will it last?

6. How often do I need to be seen between treatments for a physical exam and/or lab work?

7. What side effects can I expect?

8. How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?

9. Are there any tests or procedures I will need during the treatment?

10. When will you know whether or not the immunotherapy worked?
Questions about immunotherapy

11. What tests will I need after treatment is completed?

_____________________________________________________________________________

_____________________________________________________________________________

12. Are there any long-term health issues I should expect from treatment with immunotherapy?

_____________________________________________________________________________

_____________________________________________________________________________

13. How much will my treatment cost?

_____________________________________________________________________________

_____________________________________________________________________________
Questions about clinical trials

1. How do I know if I am a possible candidate for a clinical trial?
_____________________________________________________________________________
_____________________________________________________________________________

2. Are clinical trials only for people who have failed all other options?
_____________________________________________________________________________
_____________________________________________________________________________

3. If I am a candidate to receive an approved standard therapy, why should I participate in a clinical trial?
_____________________________________________________________________________
_____________________________________________________________________________

4. Are clinical trials safe?
_____________________________________________________________________________
_____________________________________________________________________________

5. What are some of the risks and benefits of participating in a clinical trial?
_____________________________________________________________________________
_____________________________________________________________________________

6. What is the goal of this trial? Who is sponsoring it?
_____________________________________________________________________________
_____________________________________________________________________________

7. What is known about the investigational drug being studied? Has it worked in previous trials? Is it the same as chemotherapy?
_____________________________________________________________________________
_____________________________________________________________________________

8. How will I be given the drug? How often and for how long?
_____________________________________________________________________________
_____________________________________________________________________________

9. Are there tests to determine if I am eligible for this trial?
_____________________________________________________________________________
_____________________________________________________________________________
Questions about clinical trials

10. What types of tests, scans, or other procedures are required during the trial, and how frequently will they need to be performed?

_____________________________________________________________________________
_____________________________________________________________________________

11. What side effects might I experience if I’m given the investigational drug? Are the side effects reversible, and can they be managed?

_____________________________________________________________________________
_____________________________________________________________________________

12. Are the side effects from the investigational drug worse than those I might experience with standard treatment? How severe could these side effects be?

_____________________________________________________________________________
_____________________________________________________________________________

13. Will I lose my hair?

_____________________________________________________________________________
_____________________________________________________________________________

14. Will I be able to continue working or go about my daily routine?

_____________________________________________________________________________
_____________________________________________________________________________
Questions about palliative care

1. What are your goals for palliative care for me?
   ____________________________________________________________
   ____________________________________________________________

2. What palliative care treatment(s) will I be getting?
   ____________________________________________________________
   ____________________________________________________________

3. Will these be combined with treatments for my lung cancer?
   ____________________________________________________________
   ____________________________________________________________

4. Where will I receive palliative care?
   ____________________________________________________________
   ____________________________________________________________

5. How long will I receive care?
   ____________________________________________________________
   ____________________________________________________________

6. Who will be my palliative care providers?
   ____________________________________________________________
   ____________________________________________________________

7. How much will my palliative care cost?
   ____________________________________________________________
   ____________________________________________________________

8. Are all of these costs covered by my insurance?
   ____________________________________________________________
   ____________________________________________________________

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Hospice questions

1. Is the hospice Medicare-certified?

2. Has the hospice been surveyed by a state or federal oversight agency in the last 5 years?

3. Is the organization an NHPCO member and does it comply with all aspects of NHPCO’s Standards for Hospice Programs?

4. Is the hospice accredited by a national organization?

5. Does the hospice conduct a family evaluation survey?

6. Does the hospice own or operate a care facility to provide home-like care in a hospice residence, hospital, or nursing home?

7. Are clinical staff (physicians, nurses, social workers) certified or credentialed in hospice and palliative care?

8. What services do volunteers offer, and if requested, how quickly will a volunteer be available?

9. Will staff come to the home if there is a crisis at any time of the day or night and on weekends? Who is available to make the home visit (nurses, doctors, social workers, chaplains)?
Hospice questions

10. If the patient needs to go to a hospital or nursing home, with which ones does/doesn't the hospice work?
    ________________________________________________________________________________
    ________________________________________________________________________________

11. What "extra" services does the hospice offer?
    ________________________________________________________________________________
    ________________________________________________________________________________

12. How long has the hospice been operating in the community?
    ________________________________________________________________________________
    ________________________________________________________________________________

13. How many patients are assigned at any one time to each hospice staff member who will be caring for the patient?
    ________________________________________________________________________________
    ________________________________________________________________________________

14. What screening and type of training do hospice volunteers receive before they are placed with patients and families?
    ________________________________________________________________________________
    ________________________________________________________________________________

15. How quickly can the intake/admissions staff come to begin the admissions process? Is someone available at night or on weekends?
    ________________________________________________________________________________
    ________________________________________________________________________________

16. What is the organization's governance structure?
    ________________________________________________________________________________