SunridgeMedical

1-800-923-7878
info@sunridgemedical.com

14200 N Northsight Blvd, Suite 160 | Scottsdale, AZ 85260

Questions for my next appointment

Choose the questions that matter most and bring this sheet to your visit.

Name: _____ Date: _____

My priorities

The most important thing I want help with:

My next appointment / clinician:

Questions to discuss

- ☐ What does my diagnosis mean, and what information is still needed?
- ☐ What are my options, their goals, benefits, risks, and alternatives?
- ☐ How could care affect my daily life or my current treatments?
- ☐ Would a second opinion or clinical trial be useful to discuss?
- ☐ What costs should I clarify, and whom should I contact afterward?

What we decided

Next step / who will arrange it / when:

Questions I still have:

More question ideas: cancer.gov/about-cancer/coping/questions

Personal planning aid. Record individualized instructions from your care team.

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My care-team contact sheet

Keep a current copy where you and your chosen support person can find it.

Name: _____ Date: _____

My treating team

Primary cancer clinician / clinic:

Phone / portal / best way to reach the team:

After-hours number / when to use it:

Primary care / other specialist / phone:

Pharmacy / phone:

Navigator or social worker / phone:

My support and urgent-care plan

Support person / relationship / phone:

Ask my team: symptoms requiring an urgent call and what to do:

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Financial-assistance preparation

Use this sheet for each program. Requirements and funding vary.

Name: _____ Date: _____

Before I apply

- ☐ Identify the expense I need help with and the amount or deadline.
- ☐ Confirm the program serves my location, diagnosis, and situation.
- ☐ Ask whether applications are open and what expenses are covered.
- ☐ Confirm which documents are required and how to submit them securely.

Documents to gather if the program requests them

- ☐ Insurance information or proof of coverage status
- ☐ Proof of income or household information
- ☐ Bills, estimates, or receipts for the requested assistance
- ☐ Diagnosis confirmation or a clinician-completed form

My application record

Program / verified phone or website:

Expense / amount / application deadline:

Submitted on / confirmation number / follow-up date:

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My treatment-travel checklist

Confirm your care schedule and needs before committing to travel.

Name: _____ Date: _____

Before booking

- ☐ Ask my treating team whether travel is appropriate for me.
- ☐ Confirm appointment dates, expected stay, and arrival instructions.
- ☐ Ask about costs, deposits, and changes to the care schedule.
- ☐ Confirm transportation, accessibility, and support-person needs.
- ☐ Review lodging distance, cancellation terms, kitchen, and laundry.

What I need to arrange

- ☐ Records and medication list requested by the clinic
- ☐ Medicines, supplies, and travel instructions from my treating team
- ☐ Ride to appointments, meals, and help with responsibilities at home
- ☐ For cross-border travel: required documents and coverage questions

My travel plan

Appointment / arrival / return dates:

Lodging and transportation / phone:

Backup plan if dates or health needs change:

Personal planning aid. Record individualized instructions from your care team.

Exploring care at Sunridge Medical?

Contact our team to discuss your situation and learn about scheduling a consultation. Call 1-800-923-7878.

sunridgemedical.com/contact-us/

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My caregiver planning sheet

Plan together around the patient's preferences, privacy, and daily needs.

Name: _____ Date: _____

What matters to us

Patient preferences / information they want shared / with whom:

Primary helper / backup helper / phone numbers:

Divide the practical tasks

Appointments and notes - person / day:

Transportation and meals - person / day:

Home, children, or pets - person / day:

Medicines: help requested and treating-team instructions:

Caregiver rest and backup support - person / day:

Check in and adjust

Next check-in / what needs to change:

Personal planning aid. Record individualized instructions from your care team.