Treatment decision support consultations

To be completed by the treating clinician or clinical nurse specialist as soon as possible after the treatment decision support consultation(s) took place.

Was there a consultation about treatment with primary endocrine therapy or surgery and adjuvant endocrine therapy?

☐ Yes  ☐ No

Date of consultation  

d  d  m  m  y  y  y  y

Was the patient offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy?

☐ Yes  ☐ No

Did the patient follow the recommended treatment?

☐ Yes  ☐ No

Following this consultation, please:
- complete the Treatment decision form
- provide the participant with the relevant Treatment options and decision questionnaire if they:
  - are a full participant
  - were offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy
  - have not already completed it in relation to a choice between chemotherapy or no chemotherapy

Was there a consultation about whether or not to have chemotherapy?

☐ Yes  ☐ No

Date of consultation  

d  d  m  m  y  y  y  y

Was the patient offered a choice between chemotherapy or no chemotherapy?

☐ Yes  ☐ No

Did the patient follow the recommended treatment?

☐ Yes  ☐ No

Following this consultation, please:
- complete the Treatment decision form
- provide the participant with the relevant Treatment options and decision questionnaire if they:
  - are a full participant
  - were offered a choice between chemotherapy or no chemotherapy
  - have not already completed it in relation to a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy