We want you to be involved in your health care decision-making. Use this decision aid to help you remember and understand your choices, whether you share in the decision-making process or rely on your doctor's recommendation.

**Date:** ___________________________

**Diagnosis:** ________________________________________________

**Treatment Options:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Risks</th>
<th>Benefits</th>
</tr>
</thead>
</table>

**Goals of Treatment:**

**Treatment Plan:**