

ABOUT ME



In this section, you will find:

A place to write down:

- Members of your health care team
- Your medical history
- Your medications
- Your questions



My Health Care Team

You will be working with many different health care providers during your cancer care. Here is a place where you can keep track of their names and contact information. A description of what each health care provider does can be found in the 'Just Diagnosed' section of this guide.

London Regional Cancer Program Automated Service

519-685-8600



- Press '2' to change appointments
- Press '1' then select '3' to speak to a Telephone Triage Nurse (Monday to Friday 8:30 a.m. - 4:00 p.m., Closed from 12:00 noon - 1:00 p.m.)
- Press '0' to speak to an operator

LRCP Pharmacy: **519-685-8606**

Canadian Cancer Society Volunteer Drivers:..... **1-800-263-6750**

Supportive Care: **519-685-8622**

Surgical oncologist Name

Medical oncologist
(Drug therapy doctor) Name

Primary clinic nurse Name
Name

Radiation oncologist
(Radiation doctor) Name

Radiation oncology nurse Name
Name

Radiation therapist(s) Name
Name
Name

Dietitian Name

Social worker Name

Other specialist Name

Home & Community Care Phone #

Case Manager

Email

Other hospital clinic Name

Phone #

Pharmacy/drug store Name

Phone #

Address

.....

.....

Family doctor Name

Phone #

Address

.....

.....

You may have other important contacts that you would like to record.

You can write this information here:

Name Phone #

Email

Name Phone #

Email



My Medical History

My Allergies

Write down your allergies (including drug, food, and other allergies) and your reaction (e.g., rash, fever, hives, swelling).

Allergy

Reaction

.....
.....
.....

My medical conditions (include both past and present):

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker (Make & Model No._____) |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other | |



Notes

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My Medications

Bring all of your medications with you each time you come to the cancer centre. This will help to make sure that you are not given a new medication that is not safe for you to take. Be sure to include all of your medications, including prescription medications, over-the-counter medications, herbal supplements, and vitamins. If you have allergies or react to certain medications, tell your doctor, nurse or pharmacist.

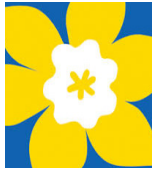


Your pharmacist may give you a medication calendar to help you remember when to take your cancer medicine. **Keep an up-to-date list and bring it with you to all of your appointments.**



Highlights Page

Do you want to talk? Have questions? Need support?



Canadian Cancer Society
1-888-939-3333
www.cancer.ca

Wellspring London
519-438-7379
www.wellspringlondon.ca



LRCP Social Workers
519-685-8500 ext. 56127

Do you smoke? Do you want to quit?

Call 1-866-797-0000 to speak with a Care Coach Assistant. They are available 24 hours a day, 7 days a week to support you in quitting. For more information, visit <https://www.smokershelpline.ca>



Do you want more information?

Visit the **Patient and Family Resource Centre** on Level 1 of LRCP under the main staircase for free booklets and pamphlets or to borrow a library book.

Watch the **LRCP orientation videos**:

- Your First Visit
- Radiation
- Chemotherapy
- After Treatment

<https://www.lhsc.on.ca/london-regional-cancer-program/lrcp-orientations>



MyChart™ is a secure website where you can access your health information related to London Health Sciences Centre and other health care centres in Ontario. You can track and manage your lifestyle and personal wellness information, as well as view test results and limited clinic notes from your health care visits. For more information on MyChart™ in South West Ontario, visit: <https://healthrecordsonline.ca/>

If you are already registered for MyChart™, you can log in at www.mychart.ca. If you need help, please contact the support centre using the information below.

MYCHART™ SUPPORT
Phone: 1-833-221-2202
Email: Support@MyChart.ca

After your clinic visit, you can sign up for MyChart™ by phone or by filling out a form.

BY PHONE: Contact LRCP Health Information Management (HIM) department at 519-685-8500 ext. 58630

BY FORM: Fill out the bottom part of this form and give it to a clerk at any of the clinic registration desks or at LRCP main reception on Level 2.

RIP OR CUT ALONG DOTTED LINE

MyChart™ Registration Form- LRCP

Email address: _____

Health Card #: _____