

ABOUT ME



In this section, you will find:

- Your important contacts
- Your medical history
- A place to list your medications
- A place to write down your questions
- A calendar for your appointments



My Personal Information

My name is

My Chart Number.....

My contact information

Address

City..... Province..... Postal Code

Home Phone..... Cell Phone

My emergency contacts

Name..... Relationship

Home Phone..... Cell Phone

Name..... Relationship

Home Phone..... Cell Phone



My Health Care Team

You will be working with several different health care professionals 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' tab.

London Regional Cancer Program Automated Service

519-685-8600



- Press '2' to change appointments
- Press '3' to speak to a telephone triage nurse
(Monday to Friday 8:30 a.m. - 4:30 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: **519-432-9312**

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

Surgical oncologist Name

Medical oncologist Name
(Chemotherapy doctor)

Primary clinic nurse Name
Name

Radiation oncologist Name
(Radiation doctor)

Radiation oncology nurse Name
Name

Radiation therapist(s) Name
Name
Name

Dietitian Name

Social worker Name

Other specialist Name

Home & Community Care (formerly CCAC) 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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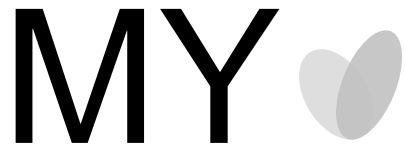
My Medications

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 your medication calendars in this section of your binder or use the plastic sheet holder at the back of the binder to store your loose papers.

Keep an up-to-date list and bring it with you to all of your appointments.



Notes

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