

## ALL-IN-ONE PACKET

Going through chemo can be overwhelming. It can help to be organized ahead of time. This bundle of worksheets can help you stay on top of the details involved in cancer treatment, including:

- Important phone numbers
- Medications
- Side effects
- Lab results
- Support network contact and schedule (friends and family who want to help)

*The following documents may come in handy at doctor's visits and during treatment sessions:*

- Getting Started Questions Worksheet
- Blood Cell Count Log
- Care Team List
- Doctor Visit Worksheet
- Med Tracker
- Support Network Scheduler
- Side Effects Tracker
- Important Contacts
- Calendar
- Health History Planner
- Insurance Discussion Record

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## GETTING STARTED

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### *Getting Started Questions Worksheet*

If you are getting started on chemotherapy, make sure you can answer these questions. If you can't, call your doctor or another member of your care team, or bring this worksheet to your next appointment. Remember, you have a right to know.

Take time to ask all the questions, until you have an answer on every line.

## GETTING STARTED

- What is the goal of my treatment?

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- What is the best way to treat my stage and type of cancer?

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- How successful can I expect this treatment to be?

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- Are there other treatment options? If yes, what are they?

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- Why have you chosen this treatment plan for my cancer?

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- If I choose not to have this treatment, what will happen?

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- How will I feel during treatment?

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- If pain is involved, how can I prevent or relieve it?

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## GETTING STARTED

- How long will my treatment last?

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- What kinds of changes in my daily life will I have to make while I'm going through these treatments?

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- Will I be able to continue to work?

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- How will you know the treatment is working?

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- What side effects should I expect?

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- What can I do before starting treatment to help prevent side effects?

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- What can I do during treatment to help prevent side effects?

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- Are there any medications I can take to manage chemo side effects?

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- What side effects should I report to you right away if they occur?

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- Will all side effects go away when the chemotherapy is completed?

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## GETTING STARTED

- Are there changes I should make to my diet? Can I drink alcohol?

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- Will the treatment make me lose my hair? If so, will it grow back?

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- Is there a chance that, once treated, the cancer will come back? How will I know if it does?

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- How often, and for how long, will I have to see a doctor for follow-up visits?

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- As a person living with cancer, are there services I can find in the hospital and the community (ie, counseling, support groups, educational meetings, etc)?

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- If I need emotional or professional support, can you provide me with a list of therapists or support groups?

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- What will the treatment cost? If I have trouble paying, can I get help?

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## BLOOD CELL COUNT LOG

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### *Blood Cell Tracker*

Keeping track of your blood cell counts can help you become more involved in your treatment.

The first time you get back your blood results, you can ask the oncology nurse to help you read them. Log them into the lab count in the boxes below.

You can compare your scores to the chart showing approximate normal levels of each count.

## BLOOD CELL COUNT LOG

Record your blood work results here.

Lab Test	Date	Results	Date	Results
White blood cell (WBC)				
Absolute neutrophil count (ANC)				
Red blood cell (RBC)				
Platelets				
Hematocrit (Hct)				
Hemoglobin (Hgb)				
Other				

Record your blood work results here.

Lab Test	Date	Results	Date	Results
White blood cell (WBC)				
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Red blood cell (RBC)				
Platelets				
Hematocrit (Hct)				
Hemoglobin (Hgb)				
Other				

## BLOOD CELL COUNT LOG

For comparison's sake, here is a chart of normal values.

Count	Gender	Normal Range Conventional Units	Normal Range SI Units
White Blood Cells	Males: Females:	4,500 to 11,000/ $\mu$ L 4,500 to 11,000/ $\mu$ L	4.5 to 11.0 X 10 <sup>9</sup> /L 4.5 to 11.0 X 10 <sup>9</sup> /L
Red Blood Cells	Males: Females:	4.0 to 6.2 million/ $\mu$ L 4.0 to 6.2 million/ $\mu$ L	4.0 to 6.2 X 10 <sup>12</sup> /L 4.0 to 6.2 X 10 <sup>12</sup> /L
Hemoglobin (Hgb)	Males: Females:	14.0 to 18.0 g/dL 12.0 to 16.0 g/dL	8.7 to 11.2 mmol/L 7.4 to 9.9 mmol/L
Hematocrit (Hct)	Males: Females:	39% to 50% 35% to 47%	0.39 to 0.50 0.35 to 0.47
Platelets	Adults (54-64 years):	150,000 to 400,000/ $\mu$ L	150 to 400 X 10 <sup>9</sup> /L

### *Talk with your doctor*

- After keeping track, does it seem that blood counts are in a low range or a normal range?

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## IMPORTANT CONTACTS

	Name	Phone Number	E-mail Address
Primary Care Doctor		Day: Emergency: Fax:	
Oncologist		Day: Emergency: Fax:	
Radiation Oncologist		Day: Emergency: Fax:	
Surgeon		Day: Emergency: Fax:	
General Internist		Day: Emergency: Fax:	
Doctor		Day: Emergency: Fax:	
Doctor		Day: Emergency: Fax:	
Dentist		Day: Emergency: Fax:	
Pharmacy		Day: Emergency: Fax:	

## IMPORTANT CONTACTS

	Name	Phone Number	E-mail Address
Nurse Oncology		Day: Emergency: Fax:	
Nurse Radiology		Day: Emergency: Fax:	
Nurse (Other)		Day: Emergency: Fax:	
Dietician/Nutritionist		Day: Emergency: Fax:	
Social Worker		Day: Emergency: Fax:	
Physical Therapist		Day: Emergency: Fax:	
Occupational Therapist		Day: Emergency: Fax:	
Ambulance		Day: Emergency: Fax:	
Hospital		Day: Emergency: Fax:	

# IMPORTANT CONTACTS

	Name	Phone Number	E-mail Address
Medical Supply Source		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	
Other		Day: Emergency: Fax:	

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## DOCTOR VISIT WORKSHEET

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### *Notes From Doctor Visits*

Use this page to keep track of information, questions, and results from each of your chemo and doctor visits.

This is also a good place to write down the information and tips you get from your doctor about side effects.

Some people like to bring a friend or family member along to each visit. It helps to have someone take notes, so you can listen carefully and ask questions as needed.

# DOCTOR VISIT WORKSHEET

Date:	Doctor:
<b>Report:</b> _____ _____ _____ _____ _____	
<b>Questions:</b> _____ _____ _____ _____ _____	
<b>To Do:</b> _____ _____ _____ _____ _____	
<b>Notes:</b> _____ _____ _____ _____ _____	

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## MEDICINE TRACKER

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### *Medicine Tracker*

Make sure to record all medications and supplements you are taking. Include those prescribed by your care team and those purchased at the pharmacy or health food store.

Place an “X” through the box once you’ve stopped taking a medicine. Be sure to make a note about why you have stopped.

# MEDICINE TRACKER

*Date:* \_\_\_\_\_

Name of medicine:	Dose:
Take how often:	What is it for:
Ordered by:	Side effects noted:
Date started:	Date ended:

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Take how often:	What is it for:
Ordered by:	Side effects noted:
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Take how often:	What is it for:
Ordered by:	Side effects noted:
Date started:	Date ended:



# SUPPORT NETWORK SCHEDULER

## *My Support Network*

Name	Phone/ Contact Information	Role/ Responsibility/Task	Date/Day/Time

*In case of an emergency call:* \_\_\_\_\_

*Primary Doctor:* \_\_\_\_\_

*Oncologist:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

\_\_\_\_\_

# SIDE EFFECTS TRACKER

## Managing Chemo Side Effects

Side Effect	Description	Dates	Doctor Notes
<b>BLOOD CELLS</b>			
<b>Neutropenia</b> <i>(low white blood cell counts)</i>		When started: When treated: When resolved:	Notes:
<b>Anemia</b> <i>(low red blood cells)</i>		When started: When treated: When resolved:	Notes:
<b>Thrombocytopenia</b> <i>(low platelets)</i>		When started: When treated: When resolved:	Notes:
<b>Alopecia</b> <i>(hair loss)</i>		When started: When treated: When resolved:	Notes:
<b>Constipation</b>		When started: When treated: When resolved:	Notes:
<b>Diarrhea</b>		When started: When treated: When resolved:	Notes:
<b>Nausea and vomiting</b>		When started: When treated: When resolved:	Notes:

# SIDE EFFECTS TRACKER

## Managing Chemo Side Effects

Side Effect	Description	Dates	Doctor Notes
<b>BLOOD CELLS</b>			
Peripheral neuropathy <i>(nerve &amp; muscle weakness or tingling)</i>		When started: When treated: When resolved:	Notes:
Stomatitis and mucositis <i>(mouth and gum sores)</i>		When started: When treated: When resolved:	Notes:
Skin changes		When started: When treated: When resolved:	Notes:
Taste changes		When started: When treated: When resolved:	Notes:
Fatigue		When started: When treated: When resolved:	Notes:

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## CALENDAR

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### *Using Your Calendar to Its Best Advantage*

One of your most important responsibilities in participating in your cancer care is to stay on schedule. Missed or delayed appointments can interrupt your chemotherapy treatment and may make it less effective.

Take control of your care by carefully recording the date and time of all appointments as soon as you know them. Note the specific purpose of your appointment: office visit, lab tests, chemotherapy session, etc.

Check your calendar daily to review the commitments you have made. Then, the day before your appointment, confirm the date and time with your health care team.

Also use your calendar to keep track of other significant events during this time. While your medical appointments are a priority, life goes on outside the doctor's office!

Your time matters. If you are going to your doctor's office frequently to manage chemotherapy-related side effects, ask your doctor if there are opportunities to help minimize the number of these visits.

# CALENDAR

Month: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## HEALTH HISTORY PLANNER

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### *Health and Treatment History*

While receiving treatment for cancer, you will talk with many health care providers, including doctors, consultants, nurses, and other support staff. Knowing certain facts about your cancer may help these professionals be more effective in providing their services to you. Use this section to note key information about your cancer and treatment so you have it handy in case you need to answer questions.

# HEALTH HISTORY PLANNER

## *Cancer Characteristics*

Record unique aspects of your biopsy, such as the stage and grade or other features of the cancer.

Date of Initial Diagnosis: \_\_\_\_\_ Type of Cancer: \_\_\_\_\_

Stage of Cancer: \_\_\_\_\_

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## *Surgical History*

Make note of each surgical procedure you have had.

Type of Surgery	Date

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## INSURANCE DISCUSSION RECORD

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### *Insurance and Financial Information*

Financial and insurance issues can be stressful and confusing for you and your caregivers. It is important to create an organized system for managing this aspect of cancer care. By educating yourself about insurance benefits and keeping organized financial records, you may prevent financial dilemmas and, as a result, unnecessary stress.

This worksheet provides a place to keep a record of phone discussions with your insurance provider. Use the next few pages to record each call and date; the insurance representative's name, title, and phone number; and specific information from the call in the "Notes" column.

Some patients find it helpful to designate a caregiver or family member to keep track of all insurance and financial information.



# INSURANCE DISCUSSION RECORD

Date	Insurance Representative Name/Title/Phone Number	Notes