

What you need to know about your chemotherapy, before you begin treatments

Chemo care team:

It's important to know who to call when you have side effects at home between visits

Nurse:

Nurse Practitioner:

Physician:

Chemo teaching and medication for side effects:

The oncology nurse should give you a "Chemo 101" with details on your treatment and side effects.

I have had my chemo teaching:

Yes No

I have gotten my prescription for anti-nausea medications:

Yes No

Type of chemotherapy:

Two drug regimen

Other:

Paclitaxel (Taxol)

Carboplatin

Doxorubicin (Adriamycin) or (Doxil)

Cisplatin

Where I'm going to receive treatment:

Name:

Location:

Schedule of visits:

Chemo cycles happen every three weeks (every 21 days); and your team will schedule with you to check your levels between each cycle

Total number of cycles:

Three cycles

Six cycles

Visits between cycles:

Notes and questions:

You may want to take notes on the goals of your treatment, and questions that you may have. It may also be helpful to bring a tape recorder to every appointment.

Potential side effects:

Side effects with radiation therapy are common, ask your provider about short-term and long-term impacts and how to prevent or treat them. If you have side effects at home, tell your team; they only can help you with what you tell them about.

My post-chemotherapy plan:

Additional treatments:

Am I getting radiation?
 Yes No

Use ECANA’s “Radiation: Know Before You Go”

Plan for follow-up:

Your care team and chemotherapy appointments

My information:

Medical record #:

Emergency contact name and phone #:

Pharmacy #:

Pharmacy Location:

Remember: you are the captain of your care team! You always have the right to ask questions and get second opinions.

Medical oncologist
(Cancer specialist)

Name:

Phone:

Office location:

Oncology nurse

Name:

Phone:

Office location:

Chemotherapy treatment appointments:

Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

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Visits between treatments:

Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Date:	Date:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:

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Gynecologic oncologist <i>(Reproductive organ cancer specialist)</i>	Name:	Phone:
	Office location:	

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Radiation oncologist <i>(Specialist in using radiation to treat cancer)</i>	Name:	Phone:
	Office location:	