

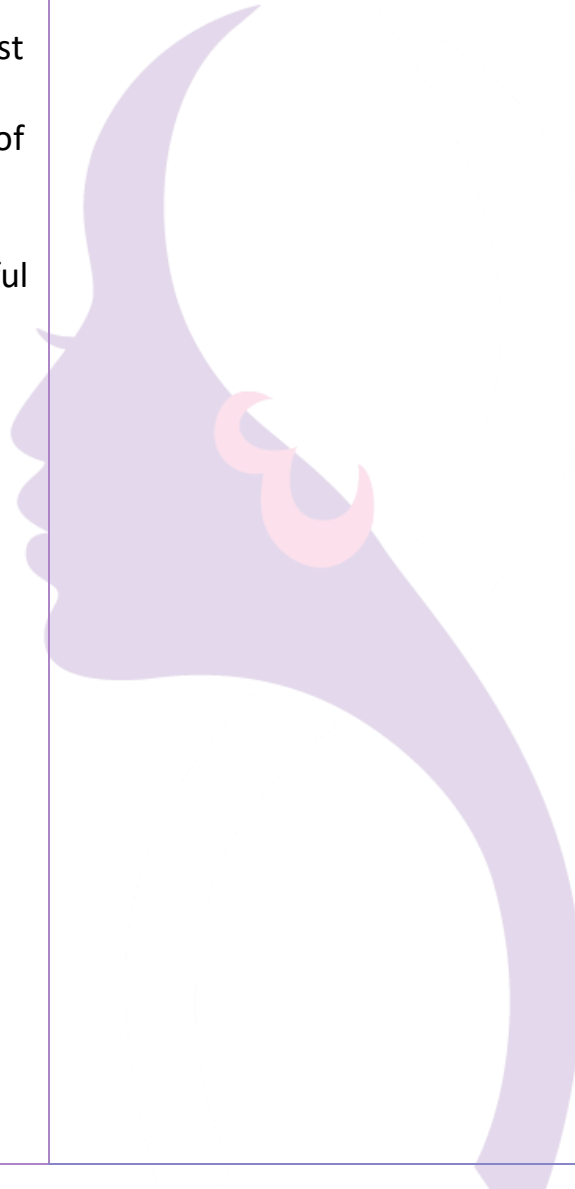
Know Before You Go: Chemotherapy

Notes and questions:

You will want to take notes on the goals of your treatment.

Write out your questions ahead of time, and ask the question that is most important to you at the very beginning of the visit.

It may also be helpful to bring a tape recorder to every appointment.



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:

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What you need to know about your chemotherapy, before you begin treatments		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	I have gotten my prescription for anti-nausea medications: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of chemotherapy:	<input type="checkbox"/> Two drug regimen <input type="checkbox"/> Other:	<input type="checkbox"/> Paclitaxel (Taxol) <input type="checkbox"/> Carboplatin <input type="checkbox"/> Doxorubicin (Adriamycin) or (Doxil) <input type="checkbox"/> 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 blood count levels between each cycle	Total number of cycles: <input type="checkbox"/> Three cycles <input type="checkbox"/> Six cycles Visits between cycles:	
Potential side effects: Side effects with chemotherapy 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, <u>tell your team</u> ; they only can help you with what you tell them about.		
My post-chemotherapy plan:		
Additional treatments:	Am I getting radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use ECANA’s “Radiation: Know Before You Go”
Plan for follow-up:		

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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:

Visits between treatments:

Date:

Date:

Date:

Date:

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

