

## ALL-IN-ONE PACKET

Going through chemotherapy (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
- Chemo 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 Question Worksheet
- Blood Cell Count Log
- Care Team List
- Doctor Visit Worksheet
- Med Tracker
- Support Network Scheduler
- Chemo 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 (chemo), 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 chemo side effects should I expect?

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

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

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

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## GETTING STARTED

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

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

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- 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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## 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. Having cancer and understanding treatment options is a difficult and confusing time for patients and their loved ones. This Blood Cell Count Log is intended to help facilitate patient/caregiver communication with the patient's treatment team. It is not intended, nor should it be treated, as medical advice. Only an appropriately licensed healthcare provider may provide medical/clinical advice. Always talk to your healthcare team as your experience with cancer is unique and specific to you.

# BLOOD CELL COUNT LOG

Record your blood work results here.

| Lab Test               | Date | Results | Date | Results |
|------------------------|------|---------|------|---------|
| White blood cell (WBC) |      |         |      |         |
| 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) |      |         |      |         |
| ANC                    |      |         |      |         |
| 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 (may vary by laboratory).

| Count                   | Gender                   | Normal Range Conventional Units  | Normal Range SI Units  |
|-------------------------|--------------------------|--|--|
| White Blood Cells (WBC) | Males:<br>Females:       | 4,500 to 10,000 cells/ $\mu$ L<br>4,500 to 10,000 cells/ $\mu$ L       | 4.5 to 1.0 X + 10 <sup>9</sup> /L<br>4.5 to 1.0 X 10 <sup>9</sup> /L |
| Red Blood Cells (RBC)   | Males:<br>Females:       | 4.7 to 6.1 million cells/ $\mu$ L<br>4.2 to 5.4 million cells/ $\mu$ L | 4.7 to 6.1 X 10 <sup>12</sup> /L<br>4.2 to 5.4 X 10 <sup>12</sup> /L |
| Hemoglobin (Hgb)        | Males:<br>Females:       | 13.5 to 17.5 g/dL<br>12 to 15.5 g/dL                                   | 8.3 to 10.9 mmol/L<br>7.5 to 9.6 mmol/L                              |
| Hematocrit (Hct)        | Males:<br>Females:       | 40.7% to 50.3%<br>36.1% to 44.3%                                       | 0.41 to 0.50<br>0.36 to 0.44   |
| Platelets               | Adults<br>(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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**Note to users of this Blood Cell Count Log.** Having cancer and understanding treatment options is a difficult and confusing time for patients and their loved ones. This Blood Cell Count Log is intended to help facilitate patient/caregiver communication with the patient's treatment team. It is not intended, nor should it be treated, as medical advice. Only an appropriately licensed healthcare provider may provide medical/clinical advice. Always talk to your healthcare team as your experience with cancer is unique and specific to you.



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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 chemotherapy (chemo) and doctor visits.

This is also a good place to write down information and tips from your doctor about chemo 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> _____<br>_____<br>_____<br>_____<br>_____    |         |
| <b>Questions:</b> _____<br>_____<br>_____<br>_____<br>_____ |         |
| <b>To Do:</b> _____<br>_____<br>_____<br>_____<br>_____     |         |
| <b>Notes:</b> _____<br>_____<br>_____<br>_____<br>_____     |         |

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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” over 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:       | Chemo side effects noted: |
| Date started:     | Date ended:               |

|                   |                           |
|-------------------|---------------------------|
| Name of medicine: | Dose:                     |
| Take how often:   | What is it for:           |
| Ordered by:       | Chemo side effects noted: |
| Date started:     | Date ended:               |

## MEDICINE TRACKER

|                   |                           |
|-------------------|---------------------------|
| Name of medicine: | Dose:                     |
| Take how often:   | What is it for:           |
| Ordered by:       | Chemo side effects noted: |
| Date started:     | Date ended:               |

|                   |                           |
|-------------------|---------------------------|
| Name of medicine: | Dose:                     |
| Take how often:   | What is it for:           |
| Ordered by:       | Chemo side effects noted: |
| Date started:     | Date ended:               |

# SUPPORT NETWORK SCHEDULER

## *My Support Network*

| Name | Phone/<br>Contact<br>Information | Role/<br>Responsibility/Task | Date/Day/Time |
|------|----------------------------------|------------------------------|---------------|
|      |                                  |                              |               |
|      |                                  |                              |               |
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|      |                                  |                              |               |

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

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

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

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

\_\_\_\_\_

# CHEMO SIDE EFFECTS TRACKER

## Managing Chemo Side Effects

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

# CHEMO SIDE EFFECTS TRACKER

## Managing Chemo Side Effects

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



## IMPORTANT CONTACTS

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

## IMPORTANT CONTACTS

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

## IMPORTANT CONTACTS

|                       | Name | Phone Number               | E-mail Address |
|-----------------------|------|----------------------------|----------------|
| Medical Supply Source |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
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| Other                 |      | Day:<br>Emergency:<br>Fax: |                |
| Other                 |      | Day:<br>Emergency:<br>Fax: |                |

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## CALENDAR

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

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, chemo 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 healthcare 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!

# 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 healthcare 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<br>Name/Title/Phone Number | Notes |
|------|---|-------|
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