

# My Journey

Hematology/Oncology Clinic



AT THE FOREFRONT

# UChicago Medicine



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## Important Phone Numbers

### During Clinic Hours 8am to 5pm

To make or change an appointment or to talk with your nurse or other member of the team during clinic hours, dial the Call Center at **(773) 702-6149**.

### Evenings, Weekends and Holidays

If you have a question or concern when the clinic is not open call **(773) 702-1000**. Tell the paging operator you need to speak with the doctor on call. The paging operator will page the doctor who will take care of your medical needs.

## My Oncology Care Team

	Name	Number
My Doctor		
My Oncology Nurse		
My Patient Care Coordinator		

## Other Important Phone Numbers

Social Worker		(773) 702-1278
Dietitian		(773) 834-7125

**In an Emergency Call 911 or  
Go to the Nearest Emergency Room.**



# At-Home Patient Instructions

## Call Your Doctor or Nurse if You Have:

- **A fever** greater than 100.4 or have any chills. **Do not** take Tylenol or other fever reducers until you talk with your doctor or nurse.
- **Nausea** (feeling like you want to throw up) **or throwing up** and if this is keeping you from taking in fluids or food. Call if you feel your anti-nausea medication is not helping.
- **Diarrhea** or more than four watery stools a day.
- **Burning** when you urinate or if you are urinating more than normal.
- **A cough** that brings up colored phlegm. (Phlegm is a very thick kind of spit)
- **Mouth Sores** or pain in your throat that causes you to have trouble eating, drinking or swallowing.
- **Constipation** (Not being able to have a bowel movement) that does not end within 2 days of your normal pattern. **Do not** use enemas or suppositories unless you speak to your doctor or nurse.
- **Bleeding** that does not stop after 10 minutes of pressure.
- **Any other symptoms or problems that concern you.**

**For problems or questions during office hours Monday to Friday**

Call your Oncology Nurse or Doctor and leave a voicemail.

**After hours and on weekends or holidays call (773)702-1000**

Ask for your Doctor by name and ask that your Doctor is paged.

**If You Have an Emergency Call 911 or  
Go to the Nearest Emergency Room.**





## Diagnosis Summary

Diagnosis Date	Cancer Type	Cancer Stage	Location of the Disease	Comments and Notes

### Comments and Notes

## Treatment Summary

Surgery Performed	Date of Surgery	Surgeon	Outcome and Notes
Chemotherapy Drugs	Start and Stop Dates	Oncologist	Side Effects, Issues and Notes
Area of the Body Getting Radiation Therapy	Start and Stop Dates	Radiation Oncologist	Side Effects, Issues and Notes
Other	Dates of Treatment	Contact Person	Side Effects, Issues and Notes







# My Medication – After Waking Up

## Your Information

Name  Birth Date

Allergies

Name of Medication	Reason to take	How many to take	How to take	Shape and Color	Who told me to take it	Date started	Date stopped



## My Medication - In the Evening

### Your Information

Name	Birth Date
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Allergies

Name of Medication	Reason to take	How many to take	How to take	Shape and Color	Who told me to take it	Date started	Date stopped

