My Journey Hematology/Oncology Clinic





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Health Literacy and Plain Language Translation by Diversity, Inclusion and Equity Department 11-15-17

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.



Notes



iagnosis Date	Cancer Type	Cancer Stage	Location of the Disease	Comments and Notes
			Comments and N	lotes



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



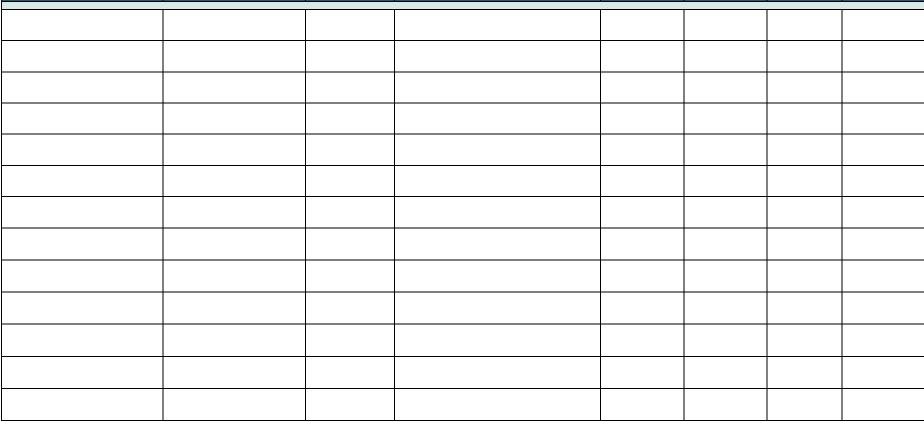
My Appointments Kind **Health Care** Location Time **Notes Date** of Care **Professional**



My Medication	n - Take if Ne	eded						
Your Information								
Name				Birth Date				
Allergies								
Name of Medication	Reason to take	How many to take	н	ow to take	Shape and Color	Who told me to take it	Date started	Date stopped



My Medication - After Waking Up Your Information Birth Date Name Allergies Who How Shape told me Name of **Date Date** How to take Reason to take many to and Medication started stopped to take Color take it





My Medication - In the Afternoon Your Information Name Allergies Birth Date

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 Allergies Birth Date

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 - Before Going to Bed Your Information Name Allergies Birth Date

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

