



Livestrong

Planner



Our Purpose

Living with cancer isn't easy, but it doesn't have to be so hard. It's the everyday cancer problems, like telling your loved ones or paying the bills. The problems that simply don't deserve to exist.

Settling for surviving isn't good enough. It's time to change how we help people live with cancer. Livestrong isn't just about hope. Our legacy is more than a wristband. We are listeners, collaborators, and practical problem solvers improving the everyday lives of anyone affected by cancer.

We are finding new solutions to old problems right now so we can fix them for good. We are dedicated to disruptive, energetic, and breakthrough ideas designed to ensure that each and every person with cancer doesn't just survive, they Livestrong.

Because if you're living with cancer, you deserve more than just hope for a better tomorrow. You deserve a better today.

People affected by cancer need more than just hope for a better tomorrow. You deserve the information, tools, and solutions for a better today.

When you hear the words “you have cancer,” you have started your cancer journey. This journey can be challenging and frightening, but know that we’re with you every step of the way. We believe that people affected by cancer need more than just hope for a better tomorrow, you deserve the information, tools, and solutions for a better today.

At Livestrong, we listen to people who are living with cancer to identify the most overlooked problems in cancer care. Then we work to find innovative solutions that can help people right now.

This guidebook is one of the solutions we have created to equip and empower you to face your diagnosis head-on.

This two-volume set is designed to help you navigate your cancer journey, from the moment you’re diagnosed, through treatment and beyond. This guidebook is filled with information and tools, and the planner and journal can help you keep track of important information and records, and also help you sort through your thoughts and feelings.

We created the Livestrong Guidebook to help you make informed decisions and ask the right questions. Use it and make it your own.

Here for you,
Your Livestrong Support Team

Livestrong

GUIDEBOOK

PLANNER

A cancer diagnosis brings many unknowns. Most people affected by cancer are unsure about what to do first. They may not know how to get the best care for their own situation. The Livestrong Guidebook Planner can help cancer patients, caregivers and their loved ones. It provides the information and tools that are needed to go through their cancer journey.

When cancer enters your life, you need knowledge, support and hope to help you face the challenges and changes the disease brings. Cancer affects each patient in physical and emotional ways. It also affects day-to-day issues in areas such as insurance, finances and employment.

The Guidebook Planner provides worksheets

and calendars to help you organize and keep track of important information. There are suggestions for dealing with each phase of your cancer journey. The Guidebook Planner also provides pages to record your thoughts, feelings, questions and experiences.

The Livestrong Guidebook Planner is organized as follows:

- My Contacts
- Just Diagnosed
- During Treatment
- After Treatment
- My Calendar Overview



Also, see The Livestrong Guidebook for specific cancer information that relates to the worksheets in this book.

Using the Livestrong Guidebook Planner

The Livestrong Guidebook Planner can help you take control of your cancer experience. The information you record will be a valuable resource for you. It will help you organize your cancer journey. It can help loved ones keep track of important health care records and other information.

Take the following steps to use the Livestrong Guidebook Planner:

- Read the information in the Livestrong Guidebook that relates to each of the worksheets.
- Review the worksheets in the Livestrong Guidebook Planner to see what will be helpful to you.

- Fill in the worksheets to keep and organize information about your experience.
- Keep important information about your diagnosis and treatment up to date.
- Write down questions and make notes for your next health care appointment.
- Record your thoughts and feelings as you go through your cancer journey.
- Review past entries to see how far you have come in your cancer journey.

If there are times when you do not feel well enough to write down your information, ask someone to help you. You may want to make extra copies of some of the worksheets.

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About Livestrong

ABOUT LIVESTRONG

Livestrong provides free cancer support services to help people cope with the financial, emotional and practical challenges that accompany the disease. Founded in 1997, the Foundation is known for its powerful brand—Livestrong—and for its advocacy on behalf of survivors and their families. With its iconic yellow Livestrong wristband, the Foundation has be-

come a symbol of hope and inspiration around the world. Since its inception, the Foundation has raised more than \$500 million to support cancer survivors and served 5 million people affected by the disease. For more information, visit Livestrong.org.

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“You come full circle, and you incorporate your cancer experience into the rest of your life. What that means is you don’t ignore it, you don’t deny it, but it’s not the center of your life.”

—OCTAVIO Z.

About the Livestrong Guidebook

The Livestrong Guidebook can help you from the moment cancer is diagnosed. It provides information and tools for survivors to use as they go through the cancer journey. The Guidebook can help you live life with cancer on your own terms.

“

“Survivorship begins the moment that you are diagnosed. ... It has changed the person I am. It has made me a stronger, much better person.” —CHRIS C.

Use the Guidebook to:

- Learn about cancer and treatment
- Find the best health care for your situation
- Know where to find help
- Learn what questions to ask
- Make health and life-planning decisions
- Understand insurance and financial issues
- Keep track of your cancer experience
- Find hope

HOW THE GUIDEBOOK IS ARRANGED

The Livestrong Guidebook is for all people affected by cancer. Because each situation is unique, some of the information may not apply to your condition. It is designed to be easy for you to find what you need. The pages that divide the sections in each book have pockets to hold your notes, medical reports, insurance forms and prescription records.

The Livestrong Guidebook set consists of two books that relate to one another:



Book 1 is the Livestrong Guidebook. This book provides information that tells you what you will need to know to deal with cancer and treatment. It provides resources to find the best health care and get the help you need. There is also information for loved ones and caregivers.



Book 2 is the Livestrong Guidebook Planner. This book helps you plan and keep track of your cancer journey. The worksheets and planning pages support the activities described in Book 1. It can help you organize important information. It is also a place to take notes and journal your own thoughts and experiences.

The Guidebook set covers a great deal of information. It was designed to help you through all phases of the cancer journey. There is information to help you from the time cancer is diagnosed, through treatment and after you have completed treatment. If you are newly diagnosed with cancer, you may be dealing with many emotions. All of the new information may seem overwhelming. It is important to take care of yourself. Allow yourself to go through the Guidebook information and worksheets slowly at first, if that will be helpful. Continue when you are ready to learn more.

COMMON TERMS USED IN THE LIVESTRONG GUIDEBOOK

The following terms are used often throughout the Guidebook:

Caregivers are friends, loved ones or others who provide daily support and care.

Health care providers are qualified medical professionals, institutions or agencies that provide health services to patients. Providers may include physicians, nurse practitioners and physician assistants.

Loved ones are family members and others to whom you turn for support.

Patient navigation programs help patients, families and caregivers successfully get through the health care system.

Patient navigators work one on one with survivors to get quality health care. They help identify and reduce barriers. They may be nurses, social workers or community health workers.

Survivors include the person diagnosed with cancer, as well as loved ones, friends, caregivers and others who provide support.

Survivorship starts at diagnosis and continues through treatment and beyond. Survivorship issues include getting good health care, living a healthy life and dealing with the late effects of treatment.

GLOSSARY OF CANCER TERMS

The **National Cancer Institute (NCI)** maintains an excellent online Dictionary of Cancer Terms that includes the most current definitions for more than 4,000 terms related to cancer and medicine. Go to the NCI website, cancer.gov/dictionary, or contact the NCI toll-free at 800.422.6237 to get answers to questions about cancer.

THE FOUNDATION'S ONLINE RESOURCES

The Foundation offers free online information, tools and support services for people affected by cancer. There are also materials for professionals who provide cancer support.

Resources and support programs include:

- Free one-on-one support available through the Foundation's navigation services by calling toll-free at 855.220.7777 or requesting support online at Livestrong.org/CancerSupport
- Free cancer information that addresses the physical, emotional and day-to-day concerns of living with cancer online at Livestrong.org/WeCanHelp
- Shared experiences to read or view online at Livestrong.org/Livestrong-Voices, as told by nearly 200 cancer survivors in their own words. Quotes from these shared stories are featured throughout the Guidebook. The Foundation is grateful to all of the cancer survivors who have shared their personal experiences for the benefit of others.

EDUCATIONAL CONTENT DEVELOPMENT

The information in the Livestrong Guidebook relates to other Foundation educational materials and programs. Experts from specific topic areas work with us to develop and review these educational materials. These experts include physicians, nurse practitioners, physician assistants, nurses, social workers and cancer survivors.

At Livestrong.org/WeCanHelp you can find educational information about many topics related to the cancer journey:

- Brochures on cancer issues

- Shared experiences from cancer survivors
- Free one-on-one professional support with information on counseling needs, clinical trials and help finding or using local resources

ORDER THE LIVESTRONG GUIDEBOOK

You may request a Guidebook and learn about the Foundation's other cancer support information and services by calling our cancer navigation services at 855.220.7777.

DISCLAIMER

The Livestrong Guidebook can help you learn about how cancer might affect your life. It discusses changes and challenges that survivors might experience. The Guidebook can help you learn about important issues that you need to know.

The Guidebook is not intended, nor should it be interpreted, to provide expert medical, legal or financial advice. Always ask a trained professional for advice and specific recommendations for your situation.

WAYS TO GET INVOLVED

You may want to help in the fight against cancer. Join the Foundation in our mission to inspire and empower people affected by cancer. Take steps such as:

- Telling loved ones, friends and health care professionals about our free resources and programs
- Spreading the word about the Foundation through online and social media sources such as blogs, chat groups, Facebook, Twitter and YouTube
- Participating in events to raise funds and awareness to help others, such as Team Livestrong events
- Becoming a Livestrong Leader in the fight against cancer in your community
- Learning about specific concerns of young adults affected by cancer by viewing the Moving Forward Video Series at cancer.net/movingforward
- Telling teachers and parents about the Livestrong at School online curriculum (K-12) to help children whose lives have been affected by cancer
- Contributing to help fund Foundation programs and cancer support services



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“At some point, we just really focused our attention on trying to keep our family together.”

—BARBARA AND STEVEN W.

My Contacts

This Planner section includes:

➤ My Personal and Contact Information

Keep important contact information ready for appointments, planning and emergency situations. Include contacts for your health care team, loved ones and other people who provide support services.

My Personal and Contact Information

PERSONAL INFORMATION

Name

Street address

City State ZIP

Home phone Cell phone

Business phone Email

EMERGENCY CONTACT

Name Relationship

Street address

City State ZIP

Home phone Cell phone

Business phone Email

MEDICAL CONTACTS

Primary care provider

 Phone/email

Nurse

 Phone/email

Primary oncologist

 Phone/email

Oncology nurse

 Phone/email

Radiation oncologist

 Phone/email

Surgeon

 Phone/email

Pharmacy

 Phone/email

Social worker

 Phone/email

Hospital

 Phone/email

Medical lab

 Phone/email



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“I think that I have the capacity now to have a better life. Everything I do now really has meaning for me. I don't want to waste another minute.” —BARBARA H.

OTHER MEMBERS OF THE HEALTH CARE TEAM

Physical rehabilitation provider Phone/email
..... Phone/email
..... Phone/email

LOVED ONES AND FRIENDS WHO PROVIDE SUPPORT

Name Phone/email
Name Phone/email
Name Phone/email
Name Phone/email
Name Phone/email
Name Phone/email
Name Phone/email
Name Phone/email

CHILD CARE AND SCHOOL NUMBERS

Teacher Phone/email
School Phone/email
Other Phone/email

Teacher Phone/email
School Phone/email
Other Phone/email

Teacher Phone/email
School Phone/email
Other Phone/email

NOTES

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EMPLOYER

Supervisor Phone/email

Human resources Phone/email

Co-worker Phone/email

Co-worker Phone/email

Co-worker Phone/email

Co-worker Phone/email

Other..... Phone/email

INSURANCE AND BENEFIT CONTACTS

Primary insurer

Group no. Policy no.

Representative Phone/email

Copay due \$

Secondary insurer

Group no. Policy no.

Representative Phone/email

Copay due \$

Benefit provider..... Phone/email

Policy no. Representative

Benefit provider..... Phone/email

Policy no. Representative

Benefit provider..... Phone/email

Policy no. Representative

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TRANSPORTATION PROVIDERS

Loved one

Phone/email

Loved one

Phone/email

Loved one

Phone/email

Friend

Phone/email

Friend

Phone/email

Friend

Phone/email

Friend

Phone/email

Cancer organization

Phone/web

Bus/rail

Phone/web

Taxi

Phone/web

Taxi

Phone/web

Other.....

Phone/email

Other.....

Phone/email

OTHER CONTACT INFORMATION:

Name

Phone/email

Name

Phone/email

Name

Phone/email

Name

Phone/email



“

“As a long-term survivor of a life-threatening illness, I have become stronger and yet more vulnerable. I let a whole lot of stuff slide off my back. I choose my battles differently. I am a different person because of it.” —SUSAN C.

Just Diagnosed: **FINDING MY TEAM**

It is important to find the right health care team and support system. The worksheets in this section will help you find the team that will support you throughout your cancer journey, and help you keep track of your medical information. They include:

- > Getting Help to Start Dealing With Cancer
- > Getting Good Information About Cancer
- > Recommended Treatment Options
- > Assistance Programs
- > Support Resources
- > Getting the Right Health Care Team
- > Interviewing Health Care Providers
- > Interview Questions to Ask a Health Care Provider

Also, see the **Just Diagnosed: Getting Started** section of the Livestrong Guidebook.

Getting Help to Start Dealing With Cancer

There are many people and service providers who can help you throughout your cancer journey. Think about who may be able to help out when you need support. Consider all of your loved ones and friends. Also, look into the services offered by government and nonprofit cancer organizations when making your list.

Make a list of people who can help you get information and make decisions:

[illegible]

Getting Good Information About Cancer

The following tables include some of the best nonprofit cancer organizations and government agencies that offer resources to help you get information to support your cancer journey. As you learn about other good resources, add them to the list.

CANCER CONCERNS	GOVERNMENT AND NONPROFIT RESOURCES	CONTACT INFORMATION
Information about cancer types	American Society of Clinical Oncology, Cancer.net	cancer.net/portal/site/patient 888.651.3038
Cancer stages and treatments	Cancer.Net	http://www.cancer.net
Finding help through the cancer journey such as: <ul style="list-style-type: none"> • Information • Referrals • Support 	Livestrong.org website Foundation's cancer navigation services American Cancer Society CDC Cancer Prevention and Control	Livestrong.org/Guidebook/GetHelp 855.220.7777 cancer.org 800.227.2345 cdc.gov/cancer 800.311.3435
How to find a doctor or treatment facility and get help with many cancer concerns	National Cancer Institute	cancer.gov/cancertopics/coping 800.422.6237

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Recommended Treatment Options

TYPE OF CANCER TREATMENT	GOVERNMENT AND NONPROFIT RESOURCES	CONTACT INFORMATION
Chemotherapy	U.S. National Library of Medicine	nlm.gov/medlineplus/cancerchemotherapy.html
Radiation therapy	U.S. National Library of Medicine	nlm.gov/medlineplus/radiationtherapy.html
Surgical treatment	U.S. National Library of Medicine	nlm.gov/medlineplus/surgery.html
Bone marrow transplant	U.S. National Library of Medicine	nlm.gov/medlineplus/bonemarrowtransplantation.html
Clinical trials or treatments in development	EmergingMed Clinical Trial Matching National Cancer Institute’s Cancer Information Service National Institute of Health (NIH)	https://app.emergingmed.com 877.601.8601 cancer.gov/clinicaltrials clinicaltrials.gov
Complementary and alternative medicine	National Center for Complementary and Alternative Medicine, NIH	nccam.nih.gov 888.644.6226

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Assistance Programs

NEED FOR ASSISTANCE	NONPROFIT ORGANIZATION RESOURCES	CONTACT INFORMATION
Help getting medications or prescribed equipment	Foundation's cancer navigation services	Livestrong.org/Guidebook/GetHelp 855.220.7777
Help with legal, insurance, income and employment issues	Foundation partner, Patient Advocate Foundation	Email: cancer.navigation@Livestrong.org 855.220.7777
Help with ground transportation for medical needs	American Cancer Society Meals on Wheels Association of America (in some places)	cancer.org 800.227.2345 mowaa.org 703.548.5558
Lodging during medical treatment	American Cancer Society National Association of Hospital Hospitality Houses, Inc.	cancer.org 800.227.2345 nahhh.org 800.542.9730
Assistance with air transportation for medical care	National Patient Travel Helpline Corporate Angel Network	patienttravel.org 800.296.1217 corpangelnetwork.org 914.328.1313
Food and nutrition	Meals on Wheels Association of America	mowaa.org 703.548.5558
Help for siblings of a child with cancer	SuperSibs!	supersibs.org 866.444.7427

Support Resources

TYPES OF SUPPORT	SUPPORT PROGRAMS	CONTACT INFORMATION
Finding cancer support groups	Imerman Angels Cancer Support Community National Cancer Institute	https://imermanangels.org 866.463.7626 cancersupportcommunity.org 888.793.9355 cancer.gov/cancertopics/coping 800.422.6237
Organizing helpers during your cancer treatment	Lotsa Helping Hands	lotsahelpinghands.org 866.673.7205
Elder services	AARP	aarp.org 800.687.2277
Help with fertility preservation options	Livestrong Fertility MyOncofertility.org	Livestrong.org/Fertility 855.844.7777 myoncofertility.org 866.708.3378
Help with housing issues	Centers for Independent Living U.S. Department of Housing and Urban Development (HUD)	ilru.org/html/publications/directory/index.html 713.520.0232, ext.130 hud.gov 800.333.4636

Getting the Right Health Care Team

You may have to do some research to find the right health care team for cancer treatment. Start by making a list of the health care providers that are suggested to you. This information may come from health care providers, loved ones, friends and other survivors who have experience with your type of cancer. The provider will identify other health care team members that he or she generally works with, such as nurses and physical therapists.

Make a list of medical providers that you currently use and those who are recommended to you:

NAMES OF PROVIDERS RECOMMENDED AND MEDICAL SPECIALTY	CONTACT INFORMATION	COMMENTS (INCLUDING WHO MADE THE RECOMMENDATION)
Oncologists		
Radiologists		
Surgeons		
Primary care providers		

NAMES OF PROVIDERS RECOMMENDED AND MEDICAL SPECIALTY	CONTACT INFORMATION	COMMENTS (INCLUDING WHO MADE THE RECOMMENDATION)
Rehabilitation providers <i>(such as physical therapists and occupational therapists)</i>		
Hospitals and cancer clinics		
Fertility preservation specialists		
Mental health therapists		
Other:		

Interviewing Health Care Providers

In most cases, an oncologist will lead your team. You may also have other physicians, such as a surgeon or radiologist, who specialize in cancer care (oncology). You will need to interview providers to find the best health care team for your care. Keep looking if you are not certain that a provider you interview is right for you.

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“You can look at it one of two ways: You have cancer, or cancer has you.” —RICK S.

PREPARE TO INTERVIEW PROSPECTIVE PROVIDERS BY TAKING THE FOLLOWING STEPS:

1. **Call the offices** of the providers from the list of names that have been suggested to you.
2. **Talk with the provider’s nurse** about your cancer diagnosis and current medical needs.
3. **Ask about the provider’s specialty and if he or she has experience treating your type of cancer.** Also, ask which hospitals or cancer centers the provider uses.
4. **Schedule an appointment to meet with the health care provider** to discuss your case as soon as possible if you have an interest in meeting with him or her.
5. **Prepare for your meeting with the health care provider.** Gather important medical information including your health history records and copies of lab and diagnostic test reports.
6. **Ask a loved one or friend to go to the appointment with you.** He or she can provide support and help you keep track of information the provider gives you.

BRING THE FOLLOWING TO THE FIRST MEETING WITH A HEALTH CARE PROVIDER:

Medical records including results of diagnostic testing and screening

X-rays, CT, MRI and PET scans that have already been done

Your medical history including other health conditions you have

A list of medications and food supplements you take

A list of allergies and reactions you have had to medications or treatments

Information about symptoms and pain problems including dates

Information about insurance and other benefit coverage or let them know you need to find a way to pay for health care

Many health care providers prefer to have the above information sent to them before the first meeting. This will allow for review ahead of time. The first visit can then be more productive. Worksheets to collect and organize all of the above can be found in the **Organizing Medical Information** section of this book. Take this book to your appointments and fill in as much information as you can ahead of time.

Multiple worksheets with interview questions to ask health care providers follow. You may want to interview several providers before selecting one.

Interview Questions to Ask a Health Care Provider

Provider’s name: Date of interview:

Provider’s specialty: Referred by:

When you interview a health care provider, ask questions such as:

- 1. What experience and successes have you had treating my type and stage of cancer?
.....
.....
.....
- 2. Which medical facilities (such as hospitals) would you use for my treatments?
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.....
.....
- 3. What treatment methods do you think are best for my type and stage of cancer?
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.....
.....
- 4. Would a clinical trial or new treatment in development be right for my situation?
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.....
- 5. Where can I find good information about these types of treatments?
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- 6. What side effects or risks are possible with each type of treatment?
.....
.....
.....
- 7. Is there anything that can be done to lessen the possibility of having side effects?
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.....
.....

8. Can you tell me about some successes you have had with your patients and this type of cancer treatment in the past?

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9. Can you help me meet with another cancer survivor about his or her experience with this type of treatment?

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10. Can you tell me about other providers and health care team members who would be involved in my care and their roles in my treatment?

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11. Who would manage the care for any pain problems, and how would that be done?

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12. Would you consider referring me for complementary or alternative treatments such as acupuncture, massage or nutritional assistance?

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13. Write down other questions that you have:

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Interview Questions to Ask a Health Care Provider

Provider’s name: Date of interview:

Provider’s specialty: Referred by:

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- 2. Which medical facilities (such as hospitals) would you use for my treatments?
.....
.....
.....
- 3. What treatment methods do you think are best for my type and stage of cancer?
.....
.....
.....
- 4. Would a clinical trial or new treatment in development be right for my situation?
.....
.....
.....
- 5. Where can I find good information about these types of treatments?
.....
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.....
- 6. What side effects or risks are possible with each type of treatment?
.....
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.....
- 7. Is there anything that can be done to lessen the possibility of having side effects?
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8. Can you tell me about some successes you have had with your patients and this type of cancer treatment in the past?

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9. Can you help me meet with another cancer survivor about his or her experience with this type of treatment?

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10. Can you tell me about other providers and health care team members who would be involved in my care and their roles in my treatment?

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11. Who would manage the care for any pain problems, and how would that be done?

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12. Would you consider referring me for complementary or alternative treatments such as acupuncture, massage or nutritional assistance?

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13. Write down other questions that you have:

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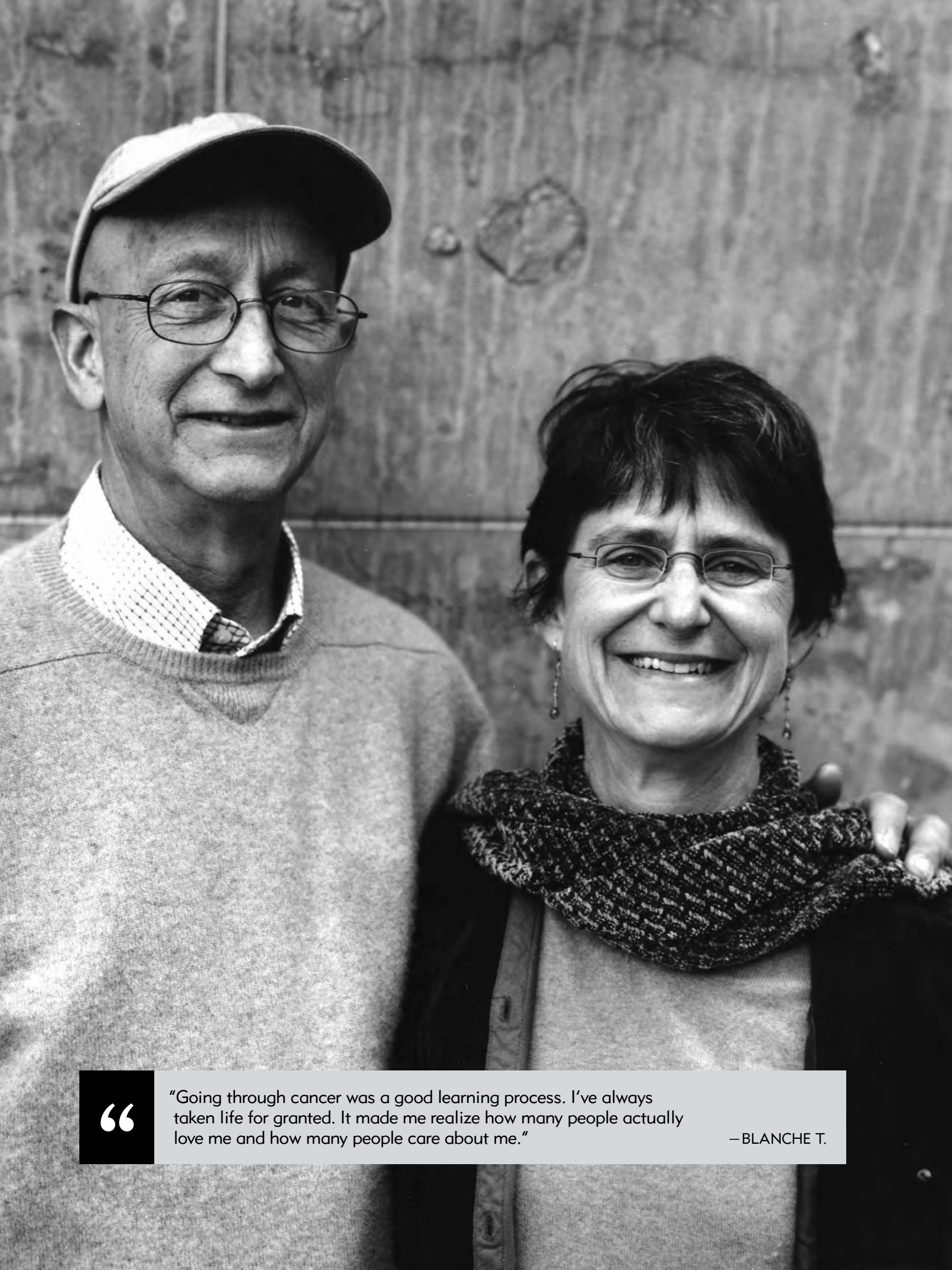
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"Going through cancer was a good learning process. I've always taken life for granted. It made me realize how many people actually love me and how many people care about me."

— BLANCHE T.

Just Diagnosed: **FINDING SUPPORT**

The experience of cancer can bring many emotions. During this time it is important to have the support you need. The worksheets in this section will help you deal with emotions. They will also help you find support. They include:

- > Dealing With Emotions
- > Telling Others
- > Dealing With the Words of Others
- > Setting Personal Priorities
- > Finding People to Help
- > Organizing Help
- > Preparing a List of Instructions
- > Finding a Support Group
- > Handling Feelings of Loss
- > Knowing the Signs of Depression

Also, see the **Just Diagnosed: Getting Started** and **Learning About Cancer Treatment Options** sections of the Livestrong Guidebook.



Dealing With Emotions



Place a check next to all of the words that describe the feelings you are experiencing during your cancer journey:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Disbelief | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Upset | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Betrayal |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Out of control | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Alone or abandoned | <input type="checkbox"/> Exhausted |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Shocked |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Uncertain |
| <input type="checkbox"/> Other (specify) | |

Make a list of people you trust and can talk with as you go through challenging emotions or difficult experiences:

FAMILY MEMBERS:

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FRIENDS:

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HEALTH CARE TEAM MEMBERS:

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SUPPORT GROUP MEMBERS:

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COUNSELORS AND FAITH-BASED LEADERS:

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Telling Others

There may be different ways and times that you choose to tell others about a cancer diagnosis. For example, you may decide to wait a while before talking with an employer or someone else you do not know very well.

Consider how you will talk with others about the cancer diagnosis:

WHO TO TELL	WHAT YOU WANT TO SHARE	WHEN TO TELL THEM	HOW YOU CAN ASK THEM TO SUPPORT YOU
Family members and other loved ones			
Children			
Close friends			
Employer: <ul style="list-style-type: none">• Supervisor• Human resources			
Co-workers			
People with whom you do business			
Neighbors and others			

Dealing With the Words of Others

Some people say things about cancer or how to cure cancer that might upset you. Keep in mind that dealing openly with feelings can be healing and lessen stress. Most people do not intend to be hurtful. They are often trying to be helpful. If you do not have the energy to deal with the matter yourself, ask someone you trust to help you. Use this worksheet to think about the best way to handle these types of experiences.

STATEMENTS MADE BY OTHERS	WHAT ARE THE FACTS?	WHAT CAN I SAY IN RESPONSE?
<i>(Example)</i> "I hear you have cancer."	You may or may not want to talk about health concerns with certain people. Answer in the way that is best for you. There is no one right way to respond.	"Thank you for your concern. However, I would prefer not to discuss my health right now." Or "Thank you for asking. I have been planning to talk with you about it in the near future."
<i>(Example)</i> "You should use XYZ product to cure your cancer."	There are many types of cancer. Some products on the market claim to cure cancer. Often, these have not been clinically tested. There may be no medical proof to their claim to cure cancer.	"Thank you for caring about me. I am working with an excellent oncologist and health care team at this time. I might talk with them about this product."

“

"My sister said that, for probably about a year, nobody asked about her. My brother was little enough that he did not understand a lot of what was going on. Now he says that he wished people had told him more. ... Instead, he imagined things that were probably much worse than what was going on."

— AMY D.

Setting Personal Priorities

Following a cancer diagnosis, what is most important to you might change. You may choose to spend your time and energy doing certain activities and decide to let go of other things. Honor your new priorities. Tell people only what you want to—you do not need to provide full details. For example, you may say that you need more personal time or that your schedule is already too full. You get to decide how much information you want to share.

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Consider the following as you think about how you want to prioritize your life during and after cancer treatment:

1. When do you feel most relaxed and able to be yourself?

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2. Which people in your life help you feel positive and empowered?

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3. If you have limited physical strength during treatment, what activities are most important to do?

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4. What types of activities help you feel happy and good about yourself?

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5. What can be done to make your home and life supportive and renewing as you go through your healing process?

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6. List any changes you want to make in your life to support what is important to you such as fewer activities.
When do you want to start this?

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Finding People to Help

Caregivers and others who support you are people who care about you. Many people are very willing to help if they know when and how they can provide support. Think about the people in your life who can help you deal with the challenges and needs you may have during your cancer journey. Consider asking others for help such as:

- Loved ones and caregivers
- Friends, neighbors and co-workers
- Faith-based organization members
- Social worker or counselor

There are online tools available to organize caregivers and other helpers like the free service **Lotsa Helping Hands**. This website also helps share health updates with family and friends. Find this tool at lotsahelpinghands.com.

ASSISTANCE NEEDED	NAMES OF PEOPLE AND HOW OFTEN THEY MAY BE AVAILABLE	CONTACT INFORMATION
Meals and caregiving assistance		
Child care assistance		
Help with home chores		
Help with pets		
Transportation help		
Organizing and record-keeping assistance		
Help communicating with health care team		
Help dealing with insurance matters		
Other tasks		

Organizing Help

Use this chart to list what you need help with, when help is needed and who is willing to provide help. If you need help finding people who can provide support services, talk with a social worker, patient navigator or member of a faith-based organization.

Write down the help that is needed and who can help.

SUPPORT NEEDED	DAYS NEEDING ASSISTANCE	TIMES HELP IS NEEDED	HELPER'S CONTACT INFORMATION	COMMENTS
Meals				
Caregiving				
Transportation				
Going to medical appointments				
Helping with insurance matters				
Helping with bill payments				
Child care				
Pet care				
Shopping				
Laundry				
Cleaning and home chores				
Other				

Preparing a List of Instructions

A list of instructions can help others take care of important matters if you cannot. Your list of instructions should include a guide to your filing and record-keeping system along with the information that is necessary to keep your home and financial life in order. Provide enough detail in your list of instructions so that if help is needed, another person would know what to do and be able to locate everything that is needed.



Include the following categories and information in your list of instructions:

- ☐ Property and personal asset records
- ☐ Information needed to take care of children and other dependents
- ☐ Employer information
- ☐ Financial and credit information
- ☐ Home maintenance and payment information
- ☐ Insurance policy, payment and beneficiary information
- ☐ Pet care information

Write down other information that you want to include:

-
-
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-
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-



Remember to:

- ☐ Keep this list of instructions with your other important papers in your filing system so it does not get lost.
- ☐ Be sure that whoever might need this list, such as a family member or friend, knows about the list and where you keep it.
- ☐ Provide a trusted person with the passwords required to get into your computer if you keep the list of instructions and other important information on your computer. You may also need to give instructions on how to find the information within your computer files.
- ☐ Be certain that the individual with whom you share this information is trustworthy and willing to take care of matters on your list if they are ever needed.
- ☐ Keep confidential information in a safe place so that only a trusted person can access it.

The following worksheets can help you prepare a list of instructions. Write down information that can serve as a guide to people who will help you. This is important during times when you are traveling or not able

to take care of day-to-day matters. Store confidential information in a safe place where only those you trust are able to get to it.

Your List of Instructions

Include the following in your list of instructions:

INSTRUCTIONS ABOUT	RESPONSIBLE PERSON	WHERE INFORMATION IS STORED	SPECIAL INSTRUCTIONS
Children and other dependents			
Needs of other loved ones			
Information for friends			
Employment contacts and other matters			
Health care directives			

NOTES

Include the following in your list of instructions:

INSTRUCTIONS ABOUT	RESPONSIBLE PERSON	WHERE INFORMATION IS STORED	SPECIAL INSTRUCTIONS
Financial directives			
Insurance information			
Bill payment information and schedule			
Banking and financial records			
Home repair and upkeep schedule			

NOTES

Include the following in your list of instructions:

INSTRUCTIONS ABOUT	RESPONSIBLE PERSON	WHERE INFORMATION IS STORED	SPECIAL INSTRUCTIONS
Medical issues			
Legal issues and decisions			
Investment information			
Home information			
Vehicle information			

NOTES

Include the following in your list of instructions:

INSTRUCTIONS ABOUT	RESPONSIBLE PERSON	WHERE INFORMATION IS STORED	SPECIAL INSTRUCTIONS
Disability benefits			
Will			
Memorial service/ funeral planning			
Other			
Other			

NOTES



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“When you are dealing with cancer, there is so much chaos going on in your life. I think that you have to always be on the lookout for that bright, little shining star in the midst of all that chaos, because it’s there.”

—ANNA MARIE J.

Finding a Support Group

Support groups are meetings of people who have similar experiences. People may meet in person or online to share their stories and what they learned. Support groups help some people feel less alone and more understood.

Look for a support group that is made up of cancer survivors who have had an experience similar to yours such as being diagnosed with the same type of cancer or being in the same age group. Some survivors try a number of groups before they find the one that is right for them.

If English is not your first language, ask for a group in which your language is spoken. If you do not know how to find a support group, ask someone to help you.

The following people may be able to help you find the right support group for your situation:

- Physician, nurse practitioner or physician assistant
- Nurse
- Social worker
- Family services office of your hospital
- Representative from a nonprofit cancer organization
- Clergy or member of a faith-based organization
- Check online for support group listings

When you are looking for the best support group for you, ask questions such as:

1. How many members usually participate in this support group?

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2. Is this group for survivors who have been diagnosed with a specific type and stage of cancer?

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3. Is this group only for those who have cancer or is it also open to loved ones?

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4. When and at what times are support group meetings held?

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5. Where are the support group meetings held?

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.....

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If you decide to join a cancer survivor support group, you may need to try several before you find the one that best meets your needs.

Use the following table to keep track of your search for the right support group:

NAME OF SUPPORT GROUP AND TYPE OF MEMBERSHIP	LOCATION AND CONTACT INFORMATION	NOTES

Handling Feelings of Loss

It is normal to have feelings of loss during the cancer journey. Emotions about loss can be challenging. Your feelings and reactions may be mixed and sometimes intense. You may feel confused or overwhelmed at times.

Write down your responses to the following questions:

Are your feelings and reactions related to losses you have experienced?

Do you respond to comfort and support from others?

Can you express difficult feelings such as anger or sadness?

Can you experience enjoyment in life?

Are you able to seek and get relief from physical complaints you have?

Are your feelings and reactions becoming less intense over time?

If you answered “yes” to these questions, it is likely that you are experiencing normal, healthy grief that will be resolved over time. If you answered “no” to these questions or if you are uncertain about how you are coping, ask your health care team for help.

Talking with others can help you:

- Recognize losses
- Express your feelings
- Connect your feelings and reactions to the loss
- Understand that your feelings and reactions are normal
- Find ways to cope
- Adjust to your life after the loss
- Feel stronger and more capable than before

Knowing the Signs of Depression

Everyone goes through times when they feel down or have no energy. However, feelings of sadness can become overwhelming or painful. If this happens to you or others, it is time to seek help. If sadness becomes depression, it can interfere with daily life and the ability to function normally. Talk with your health care provider, nurse or social worker if you or a loved one experiences depression.

Depression can result from a combination of genetic, biochemical, environmental and psychological factors. Review the following signs of depression as reported by the National Institute of Mental Health.



Check all the emotions that you experience frequently:

- ☐ Sadness or feelings of being empty
- ☐ Anxiety or feelings of being overwhelmed
- ☐ Guilt or feelings of worthlessness
- ☐ Feelings of helplessness
- ☐ Irritable and restless
- ☐ Loss of interest in activities that were once enjoyed
- ☐ Fatigue and decreased energy
- ☐ Difficulty concentrating
- ☐ Problems sleeping or sleeping too much
- ☐ Overeating or not wanting to eat
- ☐ Thoughts of hurting yourself or others

Talk with your health care provider if you are experiencing any of these symptoms. If you have concerns about yourself or someone else, ask for help. There are good treatment methods for depression. The symptoms usually can be reduced or eliminated. The provider might also make a referral to a licensed social worker or counselor for help dealing with the challenges that are causing the depression.

Not dealing with losses of things that are important to you may bring a loss of energy and joy. This can keep you from moving forward in life. Find people you trust to talk with. They might be loved ones, friends or members of your health care team. Talking with mental health professionals and members of support groups or a faith-based organization can also be helpful.



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“Every cancer has survival. There are always survivors.
...I just want people to remember that.”

—BETH S.

During Treatment: **WORKING WITH MY HEALTH CARE TEAM**

It is important to learn about the best way to work with the members of your health care team. The worksheets in this section will help you talk with your health care team. They will also help you keep track of important medical information.

- First Questions for Your Health Care Providers
- Talking With Your Providers About Your Cancer Treatments
- Talking With Your Providers About Pain Concerns
- Knowing About Prescription Medications
- Your Medications
- Preparing for the Next Health Care Appointment
- Preparing for Treatment Sessions
- Preparing a Treatment Tote Bag or Backpack

Also, see the **Just Diagnosed: Medical Concerns** and **During Treatment: Treatment Concerns** sections of the Livestrong Guidebook.



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“Whatever you believe in, I think that plays a role in it. That provides comfort. I think you get out what you put in.”

—CHRIS O.

First Questions for Your Health Care Providers

Depending on your type and stage of cancer, you may have more than one treating provider. For example, you may have your treatment managed by an oncologist, but you will also work with a surgeon and a radiologist who specialize in oncology. During the first health care appointment with each of your treating providers, tell him or her just how much you want to know about your cancer. Let each provider know how much you want to be part of the treatment planning process. Also, discuss other needs such as the need for an interpreter.

Take notes or record what your health care provider tells you so you do not forget important instructions. Many people find it very helpful to have a friend or family member come to appointments. You may have already interviewed the provider before you made your choice. However, feel free to ask important questions about your future cancer care again. Good questions for each of your treating providers include:

1. What treatment options do you recommend for my type and stage of cancer?

.....

.....

.....

2. Are there clinical trials or treatments in development that are right for my situation?

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.....

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3. What side effects are possible with each type of recommended treatment?

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4. What type of treatments would you (the provider) choose for a loved one or yourself, and why?

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5. How can I learn more about this type of cancer and treatment options?

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6. What should I do if there are new symptoms, pain or questions that come up between appointments?

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7. Will you refer me for emotional support during this experience such as to a social worker, support group or licensed counselor?

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8. Which medical facility do you recommend and use for treatment?

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9. Are there other health care professionals I should consult with?

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10. Are there other things I can do to help my healing process?

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11. Will you refer me for complementary treatments that might help me feel better such as acupuncture, exercise or massage?

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12. Do you have advice or suggestions to help me get through this experience?

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13. How should I contact you or another health care team member with concerns and questions between appointments?

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14. What services can help me with the medical and insurance processes?

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15. How I can get a second opinion if I want one?

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15. How I can get a second opinion if I want one?

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Talking With Your Providers About Your Cancer Treatments

After you have chosen your health care providers, you will work together to decide on the best cancer treatments. Ask questions about the treatments that are recommended. Find out what to expect including possible side effects. These can include physical changes, health risks or sexuality and fertility concerns.

Ask your provider to tell you what to do to avoid or lessen any side effects.

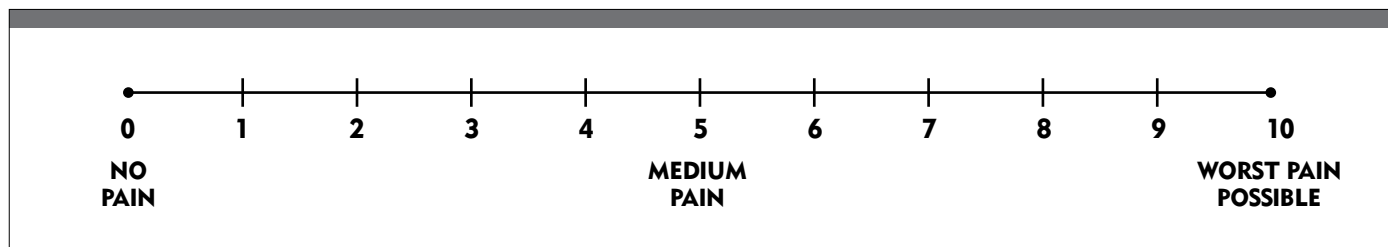
TYPE OF TREATMENT	POSSIBLE SIDE EFFECTS OF TREATMENT	WHAT CAN BE DONE TO AVOID OR LESSEN SIDE EFFECTS?

Talking With Your Providers About Pain Concerns

If you experience pain, tell your health care provider as soon as possible so he or she can help you. It is important to report your pain, even if he or she does not ask. Keep a pain diary that keeps track of the date, time and level of pain you have. Share this information with the health care team, including what you did to try to relieve the pain.

DESCRIBE ANY PAIN YOU HAVE TO YOUR HEALTH CARE PROVIDER

- Tell your provider when and how often you have pain.
- Tell the provider if you have noticed that an activity or something you do brings on the pain.
- Use a pain scale (such as the one below) to rate the pain.
- Use words to describe the pain such as “burning,” “sharp,” “achy,” “constant” or “daily.”
- Tell your provider how you treat the pain such as with over-the-counter or prescribed medication, acupuncture or massage.
- Tell the provider about activities you cannot do because of pain such as sleep, drive or care for yourself.



HOW TO KEEP TRACK OF PAIN FOR YOUR HEALTH CARE PROVIDER

1. Choose a number (**1–10**) on a pain scale to let your provider know how much pain you have:
0 means you have no pain
1–5 means you have mild to medium pain
6–9 means you have medium to severe pain
10 means you have the worst pain possible
2. Keep track of your pain scale numbers in a notebook or your journal such as the charts on the following page.
3. Write down the dates that you have pain and note how long it lasts.
4. Describe your pain by using terms such as “burning,” “aching” or other words.
5. Write down what you did to treat the pain and how well it worked.
6. Take this information with you each time you see your health care providers.
7. Show your provider your pain diary so that he or she can see when and how much pain you experience.
8. Ask your provider what can be done to treat the pain.
9. Talk with your health care team about the risks and benefits that can come from the suggested treatments.

Your health care team needs to know about any problems that you have with pain. Keep track of your experiences and take this information to your appointments with your health care team members.


Keep an ongoing record of pain concerns that you have.


WHEN DO YOU HAVE PAIN IN YOUR BODY?	WHAT IS YOUR LEVEL OF PAIN?	WHAT ARE YOU DOING FOR PAIN RELIEF?	HOW DOES PAIN AFFECT YOUR LIFE?	WHAT ARE THE NEW TREATMENT OPTIONS?
Write down when and where you had pain. <i>(Example)</i> Low back pain Every day since Oct. 2	Describe in words and use the pain scale. <i>(Example)</i> 7 on pain scale Aching, heavy-feeling pain	What works and what does not? <i>(Example)</i> Warm baths help Acupuncture helps	How often and for how long? <i>(Example)</i> Every day, all day Cannot work Cannot sleep	Are there risks or side effects? <i>(Example)</i> Ibuprofen—may affect stomach Try acupuncture Try massage

Knowing About Prescription Medications

The following is an example of a typical prescription label. Keep in mind that the information may be listed in a different order.

SAMPLE PRESCRIPTION LABEL

Pharmacy name, phone number and address	 Brown Drug Store 6780 HOUSTON PARKWAY HOUSTON, TX 56489 (123) 895-7596
Provider's name	DR. PETER MONTGOMERY
Prescription number and date prescribed	NO 0000-1234560 DATE 05/01/2012
Patient's name and address	JOHN CARLO, JR. 456 MAIN ST ANYTOWN, US 11111
How much medicine to take and how often	TAKE ONE TABLET BY MOUTH, DAILY
Name of medicine and dosage	BRAND MEDICINE 30 MG CAPSULES
Number of tablets in bottle	QTY: 30
Expiration date and number of refills prescribed	REFILLS: 2 USE BEFORE: 07/01/2012



KEEPING YOUR HEALTH CARE PROVIDERS INFORMED

Keep a list of prescribed and over-the-counter medications that is up to date such as the worksheets that follow. Bring your list (or all of your medication bottles) to each of your appointments with each of your health care providers. It is important that each of them know all of the medications you are taking.

- Discuss any reactions or side effects that you have when taking your medication.
- Contact your provider right away if you have concerns such as a possible allergic reaction. Also, tell your pharmacist about any known allergies and reactions.

- Always read the printed information your pharmacist gives you when your prescriptions are filled.
- Ask the pharmacist any questions you have about the prescribed medications. Ask if any of your medications could react with another that you are taking.
- Also, tell your health care provider about vitamins and supplements that you are taking. Some may interfere with certain cancer treatments.

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“You have to be informed. You are playing with your life and have to be the one who takes charge of your own outcome—so you have to educate yourself.” —CHRIS C.

Your Medications

Each of your health care providers needs to know about all of the medications you take. **Bring a copy of your most up-to-date list of medications to each of your appointments.**

Get the information for your list of medications from the prescription labels that are on each of the bottles or containers:

NAME OF MEDICATION AND PURPOSE	DOSAGE AND DATE STARTED	HOW OFTEN IT'S TAKEN	REACTIONS OR SIDE EFFECTS AND DATE STOPPED	PRESCRIBING PROVIDER AND SPECIALTY
<i>(Example)</i> Avapro for high blood pressure	<i>(Example)</i> 300 MG Started 10/15/12	<i>(Example)</i> 1 per day	<i>(Example)</i> Makes me tired Changed meds 10/30/12	<i>(Example)</i> Dr. Peter Monty Family physician

NOTES

Bring a copy of your most up-to-date list of medications to each of your appointments.

NAME OF MEDICATION AND PURPOSE	DOSAGE AND DATE STARTED	HOW OFTEN IT'S TAKEN	REACTIONS OR SIDE EFFECTS AND DATE STOPPED	PRESCRIBING PROVIDER AND SPECIALTY

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NOTES

Preparing for the Next Health Care Appointment

Always prepare for the next appointment with your health care provider. Write down new symptoms and pain problems. Keep track of testing results. Write down any special instructions you are given. Make copies of a blank form when you have used up the supply provided here.

Appointment date..... Provider's name

Appointment time..... Appointment location

REASON FOR APPOINTMENT

Check all that apply

- ☐ Follow-up care for:
- ☐ Diagnostic tests: ☐ Blood test ☐ X-ray ☐ MRI/CT scan ☐ Lab
- ☐ Other (specify)

How I should prepare for tests:

.....

.....

QUESTIONS FOR HEALTH CARE TEAM

1.
2.
3.

OTHER THINGS TO TELL MY HEALTH CARE PROVIDER (such as pain, side effects, other concerns)

.....

.....

.....

CHANGES TO TREATMENT PLAN

Check all that apply

- ☐ New medications prescribed:
Special instructions:
- ☐ Follow-up tests and appointments needed:
Special instructions:

Next appointment date Provider's name

Next appointment time Appointment location

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- 1.
- 2.
- 3.

OTHER THINGS TO TELL MY HEALTH CARE PROVIDER (such as pain, side effects, other concerns)

.....

.....

.....

CHANGES TO TREATMENT PLAN

Check all that apply

- ☐ New medications prescribed:
Special instructions:
- ☐ Follow-up tests and appointments needed:
Special instructions:

Next appointment date Provider's name

Next appointment time Appointment location

Preparing for the Next Health Care Appointment

Always prepare for the next appointment with your health care provider. Write down new symptoms and pain problems. Keep track of testing results. Write down any special instructions you are given. Make copies of a blank form when you have used up the supply provided here.

Appointment date..... Provider's name

Appointment time..... Appointment location

REASON FOR APPOINTMENT

Check all that apply

- ☐ Follow-up care for:
- ☐ Diagnostic tests: ☐ Blood test ☐ X-ray ☐ MRI/CT scan ☐ Lab
- ☐ Other (specify)

How I should prepare for tests:

.....

.....

QUESTIONS FOR HEALTH CARE TEAM

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OTHER THINGS TO TELL MY HEALTH CARE PROVIDER (such as pain, side effects, other concerns)

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Next appointment date Provider's name

Next appointment time Appointment location

Preparing for Treatment Sessions

Preparing for the experience of cancer treatment can reduce anxiety and stress. Write down any questions you have for the health care team before your appointment.

Get ready for your cancer treatment by:

- Talking with your health care team about what you can expect
- Reading about side effects that might occur with each type of treatment
- Talking with other cancer survivors to learn what was helpful to them
- Finding out what can be done to manage the side effects
- Asking about foods or beverages to take or avoid

Before your treatment session, ask questions such as:

1. How can I prepare for the treatment session?

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2. Are there things I should know about going through this type of treatment?

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3. When and where will the treatment be given?

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4. Can I go to treatments alone or should I ask someone to go with me?

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5. Does this treatment need to be pre-approved by the insurance company?

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6. Will I be able to drive myself home after my treatment?

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After your treatment session, ask questions including:

1. How active can I be?
2. Do you have specific dietary recommendations?
3. Will there be side effects? If so, how can these be treated?
4. Will I be able to keep working at this time?
5. What are signs or symptoms that I should report to my health care provider right away?
6. How long might I expect to experience side effects?

Preparing a Treatment Tote Bag or Backpack

Some cancer treatment sessions require a lot of time. There might be discomfort or you could feel bored or anxious during the treatment. Get ready for your sessions by preparing your own treatment tote bag or backpack. This will allow you to take things with you that will provide comfort during treatment sessions. These things can help you deal with the treatment experience.

Type of treatment:

Specific concerns:

SOME GOOD THINGS TO BRING

Check all the items that you plan to include in your treatment bag:

- ☐ Sweater and comfortable clothes
- ☐ Music player, headphones and favorite music
- ☐ Blanket and pillow
- ☐ Reading materials
- ☐ Crossword puzzles or other activities
- ☐ Deck of cards
- ☐ Lip balm
- ☐ Water bottle
- ☐ Body lotion
- ☐ Peppermint or other calming teas
- ☐ Notepad or journal and pen
- ☐ Bootie socks or slippers
- ☐ Cookies, crackers or other snacks
- ☐ Stress ball
- ☐ Scarf, bandana or cap
- ☐ Other:

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“If you do not have someone to go to appointments with you,
take a tape recorder, keep the tapes and listen to them.” —SUSAN C.

During Treatment: ORGANIZING MEDICAL INFORMATION

It is important to keep track of medical information during and after cancer treatment. The worksheets in this section can be shared with your health care team during appointments. They also provide a documented history of your medical experience. The worksheets include information about:

- > General Medical History
- > Diagnostic Testing Results
- > Current Cancer Diagnosis
- > During Cancer: Treatment Care Plan
- > Health Concerns and Symptoms
- > Treatments and Side Effects

Also, see the **Just Diagnosed: Medical Concerns** and **During Treatment: Treatment Concerns** sections of the Livestrong Guidebook.

General Medical History

Write down your general medical history using the worksheets on the following pages. This will be helpful information for your physicians and other members of your health care team. It can also be a great help to loved ones.

NOTE: The Office of the U.S. Surgeon General offers a free online tool to create your own family health history at <https://familyhistory.hhs.gov>. The information that you provide creates a drawing of your family tree and a chart of your family health

history. You can print the chart and share it with family members and your health care providers. This information can help you talk with your team about disease prevention strategies that are right for you.

PERSONAL INFORMATION

Name Date this form completed

Height Weight Date of birth

Known allergies or reactions

Pain problems

List of Current Prescription and Over-the-Counter Medications

NAMES OF CURRENT MEDICATIONS	DOSAGE	HOW OFTEN IT'S TAKEN	REACTIONS OR SIDE EFFECTS	PRESCRIBED BY: DATES TAKEN:

GENERAL MEDICAL HISTORY FOR:

List of Medications Taken in the Past

NAMES OF PAST MEDICATIONS	DOSAGE	HOW OFTEN IT WAS TAKEN	REACTIONS OR SIDE EFFECTS	PRESCRIBED BY: DATES TAKEN:

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GENERAL MEDICAL HISTORY FOR:

List of Previous Surgeries and Other Health Conditions

[illegible]

NOTES

GENERAL MEDICAL HISTORY FOR:

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Current medical problems and treatments (such as depression, diabetes, thyroid problems, high blood pressure, seizures, blood disorders):

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Family history of cancer (specify your relationship to family members and type of cancer they had):

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Herbs and supplements taken regularly:

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Past and current alternative health care treatments (such as acupuncture or massage therapy):

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GENERAL MEDICAL HISTORY FOR:

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Other physical or mental health concerns (such as dietary or sleep problems):

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List of past vaccinations and immunizations received (with dates):

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Other health conditions:

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GENERAL MEDICAL HISTORY FOR:

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INFORMATION IF YOU HAD A PAST CANCER DIAGNOSIS

(Complete the following only if you were diagnosed with cancer in the past.)

Type of cancer:

Date diagnosed: Types of diagnostic tests done:

Where (site) cancer found: Date cancer went into remission:

Other information:

.....

Follow-up care received:

.....

.....

PAST TREATING HEALTH CARE PROVIDER NAMES AND CONTACT INFORMATION:

Oncologist

Address

Phone Email

Hospital affiliation

Surgeon

Address

Phone Email

Hospital affiliation

Radiologist

Address

Phone Email

Hospital affiliation

Primary care provider

Address

Phone Email

Hospital affiliation

GENERAL MEDICAL HISTORY FOR:

PAST MEDICAL PROVIDERS

Others providing care:

Primary hospital or treatment facility:

PAST CANCER TREATMENT HISTORY

TYPE OF TREATMENT	METHOD, DOSAGE AND REACTIONS	DATES OF TREATMENT	RESULTS
Chemotherapy			
Radiation therapy			
Surgery			
Hormone therapy			
Blood transfusion			
Other			

Side effects during treatment:

Late or long-term aftereffects:

GENERAL MEDICAL HISTORY FOR:

MEDICATIONS TAKEN DURING PAST CANCER TREATMENT

NAMES OF MEDICATIONS	DOSE(HOW MUCH AND HOW OFTEN)	RESULTS AND EFFECTIVENESS

Diagnostic Testing Results

Ask your health care provider for a copy of your pathology report. This type of medical report describes the cancer cells and tissues. It helps other members of the health care team determine which types of therapy would be best. If you have questions, you may be able to speak directly with the pathologist who confirmed the diagnosis and wrote the report.

Use this chart to keep track of your diagnostic tests and the results.

DATE OF TEST	TYPE OF DIAGNOSTIC TEST	REASON FOR DIAGNOSTIC TEST	HOW TO PREPARE FOR TEST	POSSIBLE RISKS OR SIDE EFFECTS TO TEST	OTHER TESTING OPTIONS	RESULTS
<i>(Example)</i> 12/18/12	Biopsy	Lump found	No food or water after midnight the night before	Minimal — may be infection at biopsy site	Also X-ray	Test shows cancer (positive for malignancy) Meet with oncologist

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DATE OF TEST	TYPE OF DIAGNOSTIC TEST	REASON FOR DIAGNOSTIC TEST	HOW TO PREPARE FOR TEST	POSSIBLE RISKS OR SIDE EFFECTS TO TEST	OTHER TESTING OPTIONS	RESULTS

Current Cancer Diagnosis

Keep track of important information about your cancer diagnosis. You will need to refer to this information as you go through cancer treatment. It will also be important to share with health care providers that you see for other types of health care.

PATIENT/SURVIVOR INFORMATION

Name: Phone:
Address: Email:
Gender: ☐ Male ☐ Female Date of birth: Age at diagnosis:

HISTORY OF CANCER

Type of cancer diagnosed:
Date of diagnosis: Health care provider who made the initial diagnosis:
Provider's phone: Provider's email:
Treating oncologist: Dates treated:
Oncologist's phone: Oncologist's email:

SPECIFIC CANCER INFORMATION

Site or type of cancer:
Tumor grade: Stage of cancer:
Antigen level: Other:
Ongoing or new symptoms (specify what symptoms, when noticed, how often experienced and steps taken to treat):
.....

HOW CANCER WAS DISCOVERED

Check all that apply and provide date discovered.

- ☐ Lump: Where in the body?
- ☐ Pain: Where in the body?
- ☐ Noticed weakness: During which activities?
- ☐ Noticed extreme tiredness or fatigue: How often?
- ☐ Breathing problems: During which activities?
- ☐ Bleeding: From where and how often?
- ☐ Other symptoms (specify):

Check if found during routine health checkup or screening. Note type of test and date.

- ☐ Physical exam:
- ☐ X-ray or ultrasound:
- ☐ Colonoscopy:
- ☐ Occult blood test:
- ☐ Blood work or test:
- ☐ Scope test:
- ☐ Imaging tests (such as CT scan, PET scan, MRI, bone scan):

FOR WOMEN:

- ☐ Pap test: ☐ Mammogram:
- ☐ Other:

FOR MEN:

- ☐ PSA: ☐ Other:

PAST CONFIRMATION OF CANCER DIAGNOSIS

1. Was the cancer diagnosis confirmed by a biopsy or surgery? ☐ Yes ☐ No ☐ Not sure

If yes, date: Where was it done?

Provider's name:

Pathologist's name:

Results:

.....

2. Were lymph nodes removed and tested? ☐ Yes ☐ No ☐ Not sure

If yes: Number positive (with cancer):

Number negative (with no cancer):

3. Other tests (such as hormone or gene testing):

.....

Results:

.....

4. Were tests done to check for spread of cancer? ☐ Yes ☐ No ☐ Not sure

If yes, what tests?

.....

Was there local (adjacent) spread? ☐ Yes ☐ No ☐ Not sure

Was there distant spread (metastasis)? ☐ Yes ☐ No ☐ Not sure

5. Was the cancer diagnosis confirmed by a second health care provider? ☐ Yes ☐ No ☐ Not sure

If not, do you want this?

If diagnosis confirmed, what was done?

Date: Where was it done?

Provider's name:

Pathologist's name:

Results from pathology report:

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6. What treatment options were discussed and recommended?

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7. Were clinical trial treatment options discussed and explored?

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During Cancer: Treatment Care Plan

Work with your health care provider to complete this Treatment Care Plan when a method of treating your cancer has been agreed upon. As the plan for treatment and care changes, ask your provider to update the information (using a new form each time). This will help you keep track of your treatment process. The information will also be helpful to others on your health care team.

Date of this Cancer Treatment Care Plan: This summary was prepared by:
Time frame of cancer treatment: Started Completed

PATIENT/SURVIVOR INFORMATION

Name: Phone:
Date of diagnosis: Date of birth: Age at diagnosis:
Treating oncologist/provider: Location of treatment:
Provider's phone: Provider's email:

SPECIFIC CANCER INFORMATION

Site or type of cancer:
Tumor grade: Stage of cancer: Antigen level:

Ongoing or new symptoms (specify what symptoms, when noticed, how often experienced and steps taken to treat):
.....
.....

CANCER TREATMENTS YOU ARE SCHEDULED TO RECEIVE

SURGERY	CHEMOTHERAPY	RADIATION	OTHER TREATMENT ACTIVITIES
Type:	Type:	Type:	To do:
Surgical site on body:	Dose:	Dose:	How often?
(Estimated dates) Start:	(Estimated dates) Start:	(Estimated dates) Start:	(Estimated dates) Start:
Complete:	Complete:	Complete:	Complete:
After-surgery care:	How many rounds?	How many rounds?	Special instructions:
	How much time between treatments?	How much time between treatments?	
Other information:	Other information:	Other information:	Other information:

PRESCRIBED MEDICATIONS FOR TREATMENT

Write down the list of medications you take as part of your cancer treatment. Include information about any side effects or reactions.

NAME AND DOSE OF CANCER-FIGHTING MEDICATIONS	TREATING HEALTH CARE PROVIDER	TAKEN HOW OFTEN?	DATES	INFORMATION SUCH AS EFFECTIVENESS, SIDE EFFECTS AND REACTIONS
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	

OTHER HEALTH PRODUCTS

List all prescriptions you will be taking for health conditions other than cancer. Include over-the-counter medications (like pain relievers, antacids or allergy products), vitamins and food supplements. Write down how well each works.

NAME OF PRODUCT AND REASON FOR TAKING	TREATING HEALTH CARE PROVIDER	TAKEN HOW OFTEN?	TAKEN HOW LONG?	INFORMATION SUCH AS EFFECTIVENESS, SIDE EFFECTS AND REACTIONS
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	

HELP WITH CONCERNS

Your health care team can refer you for help with challenges such as:

- ☐ Stress or emotional issues:
- ☐ Relationship issues:
- ☐ Exercise or other healthy living assistance:
- ☐ Faith or spiritual issues:

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PATIENT/SURVIVOR INFORMATION

Name: Phone:
Date of diagnosis: Date of birth: Age at diagnosis:
Treating Oncologist/Provider: Location of treatment:
Provider's phone: Provider's email:

SPECIFIC CANCER INFORMATION

Site or type of cancer:
Tumor grade: Stage of cancer: Antigen level:

Ongoing or new symptoms (specify what symptoms, when noticed, how often experienced and steps taken to treat):
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CANCER TREATMENTS YOU ARE SCHEDULED TO RECEIVE

SURGERY	CHEMOTHERAPY	RADIATION	OTHER TREATMENT ACTIVITIES
Type:	Type:	Type:	To do:
Surgical site on body:	Dose:	Dose:	How often?
(Estimated dates) Start:	(Estimated dates) Start:	(Estimated dates) Start:	(Estimated dates) Start:
Complete:	Complete:	Complete:	Complete:
After-surgery care:	How many rounds?	How many rounds?	Special instructions:
	How much time between treatments?	How much time between treatments?	
Other information:	Other information:	Other information:	Other information:

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- ☐ Faith or spiritual issues:

Health Concerns and Symptoms

It can be a while between medical appointments. Many things may happen during this time that your health care provider will want to know about. Write down what happens, the date and any questions you have. Share this information with your health care team.

Keep an ongoing record of health concerns that you have.

DATE SYMPTOM OBSERVED	HOW DISCOVERED	WHO CONTACTED AND DATE	TREATMENTS AND TESTS SCHEDULED (WITH DATES)	RESULTS OF TESTS AND DATE
<i>(Example)</i> 12/01/12	Found lump while showering	Called Dr. Hugh's office 12/2/12	Scheduled mammography for 12/5/12	Positive for some type of growth. Biopsy scheduled for 12/12/12.

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Keep an ongoing record of health concerns that you have.

DATE SYMPTOM OBSERVED	HOW DISCOVERED	WHO CONTACTED AND DATE	TREATMENTS AND TESTS SCHEDULED (WITH DATES)	RESULTS OF TESTS AND DATE

Treatments and Side Effects

Keep track of the cancer treatments, anesthesia, lab testing and the prescription and non-prescription medications that are part of your treatment care plan. Write down what you took and when you took it. Note concerns, side effects and reactions that you experienced. Ask your health care provider to help you avoid or lessen side effects such as nausea. Contact the provider right away if you have an allergic reaction or serious side effect.

DATES	TYPES OF TREATMENT, MEDICATION, TESTING OR OTHER HEALTH CARE ACTIVITIES	REACTIONS OR SIDE EFFECTS (such as physical changes, allergic reactions, changes to intimacy and fertility issues)	WHAT WAS DONE TO HELP YOU TREAT OR AVOID THE PROBLEM?

NOTES

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Keep track of the cancer treatments, anesthesia, lab testing and the prescription and non-prescription medications that are part of your treatment care plan. Write down what you took and when you took it. Note concerns, side effects and reactions that you experienced. Ask your health care provider to help you avoid or lessen side effects such as nausea. Contact the provider right away if you have an allergic reaction or serious side effect.

DATES	TYPES OF TREATMENT, MEDICATION, TESTING OR OTHER HEALTH CARE ACTIVITIES	REACTIONS OR SIDE EFFECTS (such as physical changes, allergic reactions, changes to intimacy and fertility issues)	WHAT WAS DONE TO HELP YOU TREAT OR AVOID THE PROBLEM?

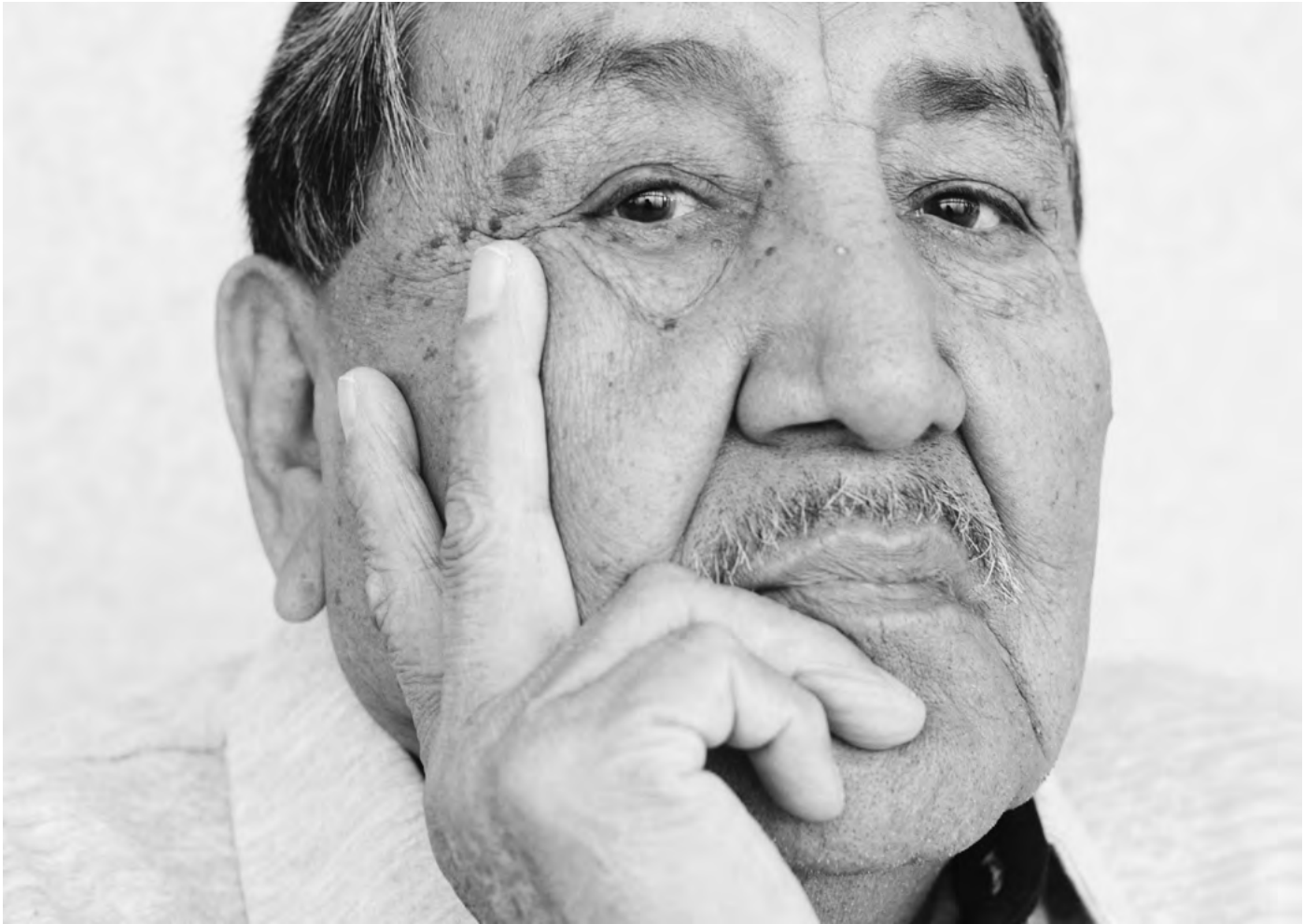
NOTES

During Treatment: KEEPING IMPORTANT RECORDS

It is necessary to keep important documents and records during your cancer journey. The worksheets in this section can help you do this. They include information about:

- > Storing Records
- > Keeping Track of Insurance and Benefits
- > Dealing With Insurance Denials and Billing Errors
- > Developing a Personal Budget

Also, see the **During Treatment: Day-to-Day Concerns** section of the Livestrong Guidebook.



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“I think it is going to be worse for the cancer because now I can put all my energy toward getting rid of it. So now the thing has no chance. It’s going to be out of me. I’m going to beat it. I’m going to attack it. I’m going to kick the hell out of it!”

—ERIC S.

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Storing Records

TYPE OF DOCUMENT	GUIDELINES FOR WHERE TO STORE DOCUMENT (guidelines may vary from state to state)
Directives concerning minor children	ORIGINAL(S): In your possession and with the named guardian COPIES: With your attorney
DNR (Do Not Resuscitate) order	ORIGINAL: In your possession and with your health care provider COPIES: With the representative or agent you have designated to act on your behalf or a close family member ("next of kin") <i>Next of kin is defined differently in each state but the legal order is usually: 1) spouse 2) children or parents 3) grandchildren 4) siblings 5) nieces or nephews</i>
Durable power of attorney for financial affairs	DUPLICATE SIGNED ORIGINALS: In your possession and with your attorney COPIES: With your appointed representative and alternate(s)
Durable power of attorney for health care	DUPLICATE SIGNED ORIGINALS: In your possession and with your representative and your attorney COPIES: With your primary care provider, pharmacist, nursing home and/or hospital; in addition, talk with close relatives about your wishes
Living will	DUPLICATE SIGNED ORIGINALS: In your possession and with your health care provider and representative COPIES: Other copies are not needed, but talk with close relatives about your wishes
Out-of-hospital DNR	DUPLICATE SIGNED ORIGINALS: In your possession and where the hospice patient resides; duplicate signed original with the health care provider COPIES: With your representative and/or close relative(s); also talk with close relatives about your wishes
Revocable living trust	DUPLICATE SIGNED ORIGINALS: In your possession and with your attorney COPIES: With your trustee(s)
Will	SIGNED ORIGINAL: In your possession and with your attorney COPIES: In a safe place that your representative can access

Write down the types of records you have and where you keep them. Keep this list for loved ones to use in case of an emergency.

TYPES OF IMPORTANT RECORDS	LOCATION (see recommendations on previous page)	WHO KNOWS ABOUT THESE?
Employment and benefit records:		
Insurance policies and records (health, life, vehicles):		
Social Security and benefit records:		
Bills and receipts:		
Credit records:		
Banking and financial records:		
Tax records:		
Advance medical care directives:		
Advance financial directives:		
Mortgage records:		
Will, living trust, guardianship directives:		
Other:		

Keeping Track of Insurance and Benefits

It can be confusing to keep track of when and how much was paid for medical services. It is also easy to overlook whether benefits were paid for past services. Keep track of the dates and types of services you receive. Write down the amount paid by both you (co-pay) and any insurance or benefit programs. Contact your health care provider's office and the insurers if payment has not been made. It may be necessary to resubmit paperwork for a claim or file an appeal if benefits have been denied.

DATE OF MEDICAL SERVICE	MEDICAL PROVIDER AND SERVICE PROVIDED	TOTAL AMOUNT BILLED FOR SERVICE	AMOUNT OF CO-PAY MADE AND DATE	AMOUNT PAID BY PRIMARY INSURER OR BENEFIT PROGRAM	AMOUNT PAID BY SECONDARY INSURER OR BENEFIT PROGRAM	BALANCE DUE
<i>(Example)</i> 7/1/12	Quest Services Lab Work	\$190.00	\$0	\$150.00	\$20.00	\$20.00

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Keeping Track of Insurance and Benefits

It can be confusing to keep track of when and how much was paid for medical services. It is also easy to overlook whether benefits were paid for past services. Keep track of the dates and types of services you receive. Write down the amount paid by both you (co-pay) and any insurance or benefit programs. Contact your health care provider’s office and the insurers if payment has not been made. It may be necessary to resubmit paperwork for a claim or file an appeal if benefits have been denied.

DATE OF MEDICAL SERVICE	MEDICAL PROVIDER AND SERVICE PROVIDED	TOTAL AMOUNT BILLED FOR SERVICE	AMOUNT OF CO-PAY MADE AND DATE	AMOUNT PAID BY PRIMARY INSURER OR BENEFIT PROGRAM	AMOUNT PAID BY SECONDARY INSURER OR BENEFIT PROGRAM	BALANCE DUE
(Example) 7/1/12	Quest Services Lab Work	\$190.00	\$0	\$150.00	\$20.00	\$20.00

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Dealing With Insurance Denials and Billing Errors

Dealing with insurance and health care benefits may be confusing and stressful unless you keep good records. Keep track of telephone and email conversations. Always keep copies of letters and invoices that you send or that you get from the insurance provider.

Keep track of the conversations you have with the insurer.

COMMON REASONS FOR INSURANCE CLAIM DENIALS	WHAT DOES THIS MEAN?	WHAT CAN YOU DO?
Claim denied because it was filed with the wrong insurer first.	<p>If you are working, insurance provided through your employer is the primary coverage. A claim must be filed with your primary insurer first.</p> <p>If you are also covered by someone else's insurance policy, that is your secondary coverage.</p>	<ul style="list-style-type: none"> • Ask the medical provider to resubmit the claim to your primary insurer. • After the primary insurer pays, submit the balance that is uncovered to the secondary insurer for further coverage.
Claim is not covered for a reason that is not clear to you.	<p>Find out the reasons that the insurer is not covering the claim. Ask the insurer to put the reason the claim was denied in writing.</p> <p>For example, it is possible that more than one claim has been filed for the same service.</p>	<ul style="list-style-type: none"> • Contact the medical provider's office to ask what they know about the denial. • Contact the insurer to ask why the claim was denied and how to get coverage. • Ask the medical provider to resubmit the claim or correct an error.
Insurer says the services were not medically necessary.	<p>If an insurer decides that the service was not medically necessary, you can appeal.</p> <p>If this happens, there is a need to show how the service was important to provide a high level of care to the patient.</p>	<ul style="list-style-type: none"> • Contact the medical provider and ask them to send more information to the insurer. • It may be necessary to submit photos or other proof to support the medical decision.
Medicare procedures must be followed exactly.	<p>Medicare rules must be followed.</p> <p>For example, the Medicare number on your card and the one that is filed must match exactly.</p>	<ul style="list-style-type: none"> • Talk with the billing person for your provider's office to make certain that no mistakes were made. • The claim may need to be submitted again.

Developing a Personal Budget

Use this information and the worksheets that follow to create a budget and make plans for future spending.

1. Start by identifying the amount of income you have each month.
2. Then list the expenses you have each month on the budget sheet.
3. Compare the monthly expenses to the amount of income you have.
4. If needed, make changes in the way you spend your income.

EXAMPLES OF INCOME INCLUDE:

- Wages
- Other earnings such as by selling property
- Other types of income such as income benefit payments
- Child support and alimony

EXAMPLES OF REGULAR MONTHLY EXPENSES INCLUDE:

- Mortgage or rent
- Food and groceries
- Property taxes
- Insurance costs
- Savings and investment contributions
- Home maintenance costs
- Heating and air conditioning expenses
- Utilities such as electricity, water, sewer, garbage pickup
- Medical expenses such as medical bills, prescriptions, hospital parking
- Child care and child support expenses
- Vehicle expenses
- Loans
- Credit cards
- Clothing
- Memberships
- Personal care
- Entertainment, recreation and hobby expenses

Add all income after taxes to find out your net income for the month.

LIST ALL OF YOUR INCOME SOURCES AFTER TAXES FOR THE MONTH	AMOUNT RECEIVED DURING THE MONTH	DATE TO BE RECEIVED
	\$	
	\$	
	\$	
	\$	
Total monthly net income	\$	

MONTHLY BUDGET: List all the expenses you must pay during the month.

EXPENSE ITEMS	PAYMENT DUE DATE	AMOUNT BUDGETED	MONTH: <div></div>	MONTH: <div></div>	MONTH: <div></div>	MONTH: <div></div>
Mortgage or rent						
Child care						
Family expenses						
Loan:						
Loan:						
Credit card:						
Credit card:						
Credit card:						
Health insurance						
Life insurance						
Electricity						
Water						
Garbage pickup						
Telephone						
Cable TV						
Internet						
Vehicle fuel						
Vehicle maintenance						
Vehicle insurance						
Food						
Medical						
Medication						
Clothing						
Personal						
Grooming						
Recreation						
Monthly expense total		\$	Compared to monthly income total			\$

MONTHLY BUDGET: List all the expenses you must pay during the month.

EXPENSE ITEMS	PAYMENT DUE DATE	AMOUNT BUDGETED	MONTH: _____	MONTH: _____	MONTH: _____	MONTH: _____
Mortgage or rent						
Child care						
Family expenses						
Loan:						
Loan:						
Credit card:						
Credit card:						
Credit card:						
Health insurance						
Life insurance						
Electricity						
Water						
Garbage pickup						
Telephone						
Cable TV						
Internet						
Vehicle fuel						
Vehicle maintenance						
Vehicle insurance						
Food						
Medical						
Medication						
Clothing						
Personal						
Grooming						
Recreation						
Monthly expense total		\$ _____	Compared to monthly income total			\$ _____

MONTHLY BUDGET: List all the expenses you must pay during the month.

EXPENSE ITEMS	PAYMENT DUE DATE	AMOUNT BUDGETED	MONTH: _____	MONTH: _____	MONTH: _____	MONTH: _____
Mortgage or rent						
Child care						
Family expenses						
Loan:						
Loan:						
Credit card:						
Credit card:						
Credit card:						
Health insurance						
Life insurance						
Electricity						
Water						
Garbage pickup						
Telephone						
Cable TV						
Internet						
Vehicle fuel						
Vehicle maintenance						
Vehicle insurance						
Food						
Medical						
Medication						
Clothing						
Personal						
Grooming						
Recreation						
Monthly expense total		\$	Compared to monthly income total			\$

MONTHLY BUDGET: List all the expenses you must pay during the month.

EXPENSE ITEMS	PAYMENT DUE DATE	AMOUNT BUDGETED	MONTH: _____	MONTH: _____	MONTH: _____	MONTH: _____
Mortgage or rent						
Child care						
Family expenses						
Loan:						
Loan:						
Credit card:						
Credit card:						
Credit card:						
Health insurance						
Life insurance						
Electricity						
Water						
Garbage pickup						
Telephone						
Cable TV						
Internet						
Vehicle fuel						
Vehicle maintenance						
Vehicle insurance						
Food						
Medical						
Medication						
Clothing						
Personal						
Grooming						
Recreation						
Monthly expense total		\$	Compared to monthly income total			\$



“

“Survivorship means having a second chance. The more you realize how lucky you are...you develop a passion for not wasting time.”

—BRIAN H.

After Treatment: MANAGING YOUR FUTURE HEALTH CARE

After cancer treatment is completed, survivors need a plan to manage future health care. A Survivorship Care Plan is a plan for wellness. It can help you monitor your health and continue to receive the best health care possible. It provides important information to be shared with future health care providers.

A **Survivorship Care Plan** should include the following documents:

- > Record of your medical history
- > Summary of your cancer treatment after treatment is done
- > Health care follow-up plan



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“It begins to be about how you redefine yourself as a person, drawing on all those things that you have experienced ... making yourself into the new person that you want to be.”

— AMY D.

When your cancer treatment is done, your health care provider may already have a Survivorship Care Plan. If not, you can use the following worksheets to develop a plan. First fill in all of the information that you can. Then ask your provider to help you fill in the rest of the information.

Step 1: Write down all you can about your current and past health experiences to create a record of your general medical history. Refer to the General Medical History worksheets in the Organizing Medical Information section (pages 91–98).

Step 2: Work with your health care provider to create an After Cancer Treatment Plan Summary after you have completed all of your cancer treatment. Refer to the After Cancer

Treatment Plan Summary worksheets in this section (pages 131–138).

Step 3: Work with your provider to develop a Follow-Up Health Care Plan. Refer to the worksheets in this section (pages 139–142).

The online Livestrong Care Plan was created to help you develop a personalized plan for post-treatment care. It is a free online tool to help you work with your oncologist and primary care provider to address the medical, emotional and social challenges that may arise after your cancer treatment is completed. By answering some questions related to your treatment, you will receive information about your follow-up care, including symptoms to watch for and steps you can take to stay healthy. Go to Livestrongcare-plan.org.

After Cancer Treatment Plan Summary

After your cancer treatment is completed, work with your oncologist to complete an After Cancer Treatment Plan Summary. This information can be shared with other health care providers that you see for follow-up cancer care and other types of health care in the future.

.....

Date of this After Cancer Treatment Plan Summary:..... Prepared by:

Time line of cancer treatment: Started Completed

PATIENT/SURVIVOR INFORMATION

Name: Phone:

Address:

Gender: ☐ Male ☐ Female Date of birth:..... Age at diagnosis:

HISTORY OF CANCER

Type of cancer diagnosed:

Date of diagnosis: Provider who made the initial diagnosis:

Provider's phone: Provider's email:

Treating oncologist: Dates treated:

Oncologist's phone: Oncologist's email:

SPECIFIC CANCER INFORMATION

Site or type of cancer:

Tumor grade: Stage of cancer: Antigen level:

Ongoing or new symptoms (specify what symptoms, when noticed, how often experienced and steps taken to treat):

HOW CANCER WAS DISCOVERED

Check all that apply and provide date discovered.

- ☐ Lump: Where in the body?
- ☐ Pain: Where in the body?
- ☐ Noticed weakness: During which activities?
- ☐ Noticed extreme tiredness or fatigue: How often?
- ☐ Breathing problems: During which activities?
- ☐ Bleeding: From where and how often?
- ☐ Other symptoms (specify):

Check if found during routine health checkup or screening. Note type of test and date.

- ☐ Physical exam:
- ☐ X-ray or ultrasound:
- ☐ Colonoscopy:
- ☐ Occult blood test:
- ☐ Blood work or test:
- ☐ Scope test:
- ☐ Colonoscopy:
- ☐ Occult blood test:
- ☐ Blood work or test:
- ☐ Scope test:
- ☐ Imaging tests (such as CT scan, PET scan, MRI, bone scan):

FOR WOMEN:

- ☐ Pap test: ☐ Mammogram:
- ☐ Other:

FOR MEN:

- ☐ PSA: ☐ Other:

PAST CONFIRMATION OF CANCER DIAGNOSIS

1. Was the cancer diagnosis confirmed by a biopsy or surgery? ☐ Yes ☐ No ☐ Not sure
If yes, date: Where was it done?
Provider's name:
Pathologist's name:
Results:
2. Were lymph nodes removed and tested? ☐ Yes ☐ No ☐ Not sure
If yes: Number positive (with cancer) Number negative (with no cancer)
3. Other tests (such as hormone or gene testing):
Results:
4. Were tests done to check for spread of cancer? ☐ Yes ☐ No ☐ Not sure
If yes, what tests?
Was there local (adjacent) spread? ☐ Yes ☐ No ☐ Not sure
Was there distant spread (metastasis)? ☐ Yes ☐ No ☐ Not sure
5. Was the cancer diagnosis confirmed by a second medical expert? ☐ Yes ☐ No ☐ Not sure
If not, do you want this?
If diagnosis confirmed, what was done?
Date: Where was it done?
Provider's name:
Pathologist's name:
Results from pathology report:
6. Treatment recommendations and treatment suggested?

CANCER TREATMENTS YOU RECEIVED

TREATMENTS	SURGERY	CHEMOTHERAPY	RADIATION	OTHER TYPE OF TREATMENT (SPECIFY)
FIRST	Type: Surgical site on body: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:
SECOND	Type: Surgical site on body: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:
THIRD	Type: Surgical site on body: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:
CLINICAL TRIAL PARTICIPATION	Type: Surgical site on body: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:	Type: Dose: Start date: Completion date: Other information:

PRESCRIBED MEDICATIONS FOR TREATMENT

On the following pages, list all of the medications you took as part of your cancer treatment. Also, write down how well each medication worked and any side effects or reactions. Make extra copies if needed.

NAME AND DOSE OF CANCER- FIGHTING MEDICATIONS	TREATING HEALTH CARE PROVIDER	HOW OFTEN IT WAS TAKEN	DATES	INFORMATION SUCH AS EFFECTIVENESS, SIDE EFFECTS AND REACTIONS
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	

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PRESCRIBED MEDICATIONS FOR TREATMENT

On the following pages, list all of the medications you took as part of your cancer treatment. Also, write down how well each medication worked and any side effects or reactions. Make extra copies if needed.

NAME AND DOSE OF CANCER- FIGHTING MEDICATIONS	TREATING HEALTH CARE PROVIDER	HOW OFTEN IT WAS TAKEN	DATES	INFORMATION SUCH AS EFFECTIVENESS, SIDE EFFECTS AND REACTIONS
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	

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OTHER HEALTH PRODUCTS TAKEN

List prescriptions for health conditions other than cancer, over-the-counter medications (such as pain relievers, antacids and allergy products), vitamins and food supplements that were taken during treatment.

NAME AND PRODUCT AND REASON FOR TAKING	DOSE	HOW OFTEN IT WAS TAKEN	DATES	INFORMATION SUCH AS EFFECTIVENESS, SIDE EFFECTS AND REACTIONS
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	
			Started: Ended:	

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OTHER HELPFUL METHODS

List any complementary treatment, exercise and relaxation methods that were used by you. These might include acupuncture, massage, tai chi or yoga.

Type of Complementary Treatment	Helpful	Not Helpful
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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YOUR MEDICAL HISTORY

Place a check mark next to **all** current or past medical problems, conditions or major illnesses you have experienced.

- | | |
|---|---|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Hepatitis, type |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Arthritis, type |
| <input type="checkbox"/> Stroke or heart attack | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Chemical dependency, type |
| <input type="checkbox"/> Breathing problems | |
| <input type="checkbox"/> Cancer, type | <input type="checkbox"/> Allergies or reactions (to what, and |
| | what happened?) |
| | |

FAMILY HEALTH HISTORY

List the members of your immediate family (parents, brothers and sisters) who have been treated for any of the above conditions. Specify the type of health challenges they have or had such as cancers, strokes, heart attacks and diabetes:

1.
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2.
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3.
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4.
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5.
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AFTER CANCER TREATMENT CONCERNS

Discuss any concerns you have about life after cancer treatment with your health care provider, including the following:

Current activity level. Check all that apply.

- ☐ No restrictions
- ☐ Can work and do most daily activities
- ☐ Have some symptoms and limitations (what are they?).....
- ☐ Unable to work (temporarily or permanently?).....
- ☐ Need help to do most activities and things such as bathing, eating, dressing
- ☐ Other (specify):

Current pain concerns. If yes, check and specify how often and how severe (mild or very painful). Write down what you need and what is being done to treat any pain problems.

- ☐ No pain
- ☐ Occasional pain:
- ☐ Frequent pain:
- ☐ Constant pain:

If you still experience pain, ask your health care team to refer you to a pain specialist for pain management.

Concerns about the future. If yes, check and talk with your health care provider about what can be done.

- ☐ Genetic risk to you or your family:
- ☐ Risks of another cancer:
- ☐ Risks with medications or cancer treatments you had:
- ☐ Concerns about depression or emotional challenges:
- ☐ Concerns about financial issues:
- ☐ Concerns about finding a support system:
- ☐ Concerns about taking care of your family:
- ☐ Concerns about working:
- ☐ Concerns about issues such as smoking, diet or other risks:
- ☐ What to do to prevent further health problems:

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Follow-Up Health Care Plan

Work with your health care team to develop your Follow-Up Health Care Plan after cancer treatment ends. Start by filling in what you can in the following worksheets. Bring the worksheets with you when you see your provider. Work together to develop your plan for follow-up health care. Tell your provider about any concerns that you have. Ask for recommendations about the best way to address each of your concerns. Your plan should include a schedule for future medical care.

Ask your health care provider to explain the process of recovery and what you can expect. Discuss symptoms to watch for signs of recurrence or a new cancer. Ask questions about what follow-up care is important after cancer treatment is done.

Use these worksheets to write down your provider's responses to questions, such as:

- Which health care provider should I see for follow-up care?
- What follow-up tests and screenings should I have and how often?
- Which symptoms should I watch for?
- What can I do to stay healthy?
- Do you recommend genetic testing and counseling for myself or my family?

HEALTH CARE TREATMENT FOLLOW-UP RECOMMENDATIONS

MEDICAL PROVIDER'S NAME AND CONTACT INFORMATION	REASON FOR FOLLOW-UP HEALTH CARE	WHEN AND HOW OFTEN TO FOLLOW UP
Primary care provider		
Oncologist		
Neurologist		
Psychotherapist		
Cardiologist		
Gynecologist		
Dentist		

MEDICAL PROVIDER'S NAME AND CONTACT INFORMATION	REASON FOR FOLLOW-UP HEALTH CARE	WHEN AND HOW OFTEN TO FOLLOW UP
Optometrist		
Physical therapist		
Occupational therapist		
Other:		

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PROVIDER'S RECOMMENDATIONS FOR HEALTH CARE

PHYSICAL HEALTH	RECOMMENDED ACTIONS AND HEALTH CARE PROVIDERS	RECOMMENDED SCHEDULE
Follow-up health care		
Ongoing exams, tests and screenings		
Ongoing physical or occupational therapies that are needed		
Symptoms of cancer recurrence		
Treatment for specific aftereffects of cancer		

PHYSICAL HEALTH	RECOMMENDED ACTIONS AND HEALTH CARE PROVIDERS	RECOMMENDED SCHEDULE
Pain concerns		
Medication concerns		

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PROVIDER'S RECOMMENDATIONS FOR EMOTIONAL WELLNESS

EMOTIONAL HEALTH	RECOMMENDED ACTIONS AND RESOURCES	RECOMMENDED SCHEDULE
Support groups		
Personal counseling		
Relationship issues		
Depression or anxiety		

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HEALTHY LIFESTYLE RECOMMENDATIONS

HEALTHY LIVING	RECOMMENDED ACTIONS AND WHO CAN HELP	RECOMMENDED SCHEDULE
Diet and nutrition		
Exercise and physical activity		
Health through lifestyle choices		
Other:		

RESOURCES FOR DAY-TO-DAY LIVING

INFORMATION AND RESOURCES	RECOMMENDED ACTIONS AND RESOURCES	RECOMMENDED SCHEDULE
Financial assistance for health care needs		
Insurance and benefit needs		
Information and resources		
Legal assistance		
Other:		
Other:		

MY CALENDAR OVERVIEW

A calendar can be a good way to keep track of appointments and important events. During cancer treatment, you are likely to have many appointments with a variety of medical providers. Keep track of those and write down when you start a specific treatment and when it ends. Note days that you have side effects or other concerns. A record of this type of information will be helpful when you meet with health care team members. It is also useful when talking with benefit and insurance representatives about your medical treatment. This section includes:

> Quarterly Calendar Overviews

Quarterly Calendar Overview

JANUARY—MARCH, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
January			
February			
March			

NOTES

APRIL—JUNE, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
April			
May			
June			

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JULY—SEPTEMBER, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
July			
August			
September			

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OCTOBER—DECEMBER, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
October			
November			
December			

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JANUARY—MARCH, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
January			
February			
March			

NOTES

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APRIL—JUNE, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
April			
May			
June			

NOTES

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JULY—SEPTEMBER, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
July			
August			
September			

NOTES

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OCTOBER—DECEMBER, YEAR:

MONTH	DATES	APPOINTMENTS	NOTES
October			
November			
December			

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Survivor Anniversaries: In Honor of You

Many survivors report that it is important to honor how far they have come. They celebrate anniversaries of dates and events that have become meaningful along the cancer journey.

In addition to celebrating yearly survivor anniversary dates, you may want to note other experiences during the cancer journey such as:

- Date of your cancer diagnosis
- Date your treatment was completed
- Date your hair grew back
- Date you learned that the cancer was in remission
- Other times and events that are important to you and your loved ones

THINGS I CELEBRATE:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

