Being diagnosed with cancer is overwhelming. To help you understand your treatment and how others can support you, take a moment to fill in the information below. Our hope is that it will be helpful as you start your journey

General Information				
Name:	Email:	Phone:		
Emergency Contact Name:	Emergency Contact Email:	Emergency Contact Phone:		
ŀ	lealth Care Providers (Includ	ng Names, Institution)		
Primary Care Provider:	Email:	Phone:		
Surgeon:	Email:	Phone:		
Oncologist:	Email:	Phone:		
Other Provider:	Email:	Phone:		
Preferred Pharmacy:	Pharmacy Phone Number:			
Health Care Coordinator:	Health Care Coordinator Er	nail: Health Care Coordinator Phone:		
	Insurance Informat	on Summary		
Medical Insurance Carrier:	Member #:	Group #:		
Membership Phone Number:				
EAP Phone Number:	EAP Login Credentials:			
	Cancer Sum	mary		
Diagnosis				
Cancer Type: Affected Body Part:				
Stage: □I □II □IV □Not applicable				
	Treatme	nt		
Surgery: ☐ Yes ☐ No Surgery Date(s) include year:		rgery Date(s) include year:		
Surgical procedure/findings:				
Radiation: ☐ Yes ☐ No	Body area treated:			
Chemotherapy: ☐ Yes ☐ No		ry 🗆 After surgery		
Hormonal therapy: ☐ Yes ☐ No				
Immunotherapy: ☐ Yes ☐ No				

	Treatment Plan	
Treatment Name	Frequency of Treatment	Possible Side Effects
□ SAMPLE : Rituxan	4 x 4 days every other week	Increase your risk of infections lower the ability of your immune system to fight infections. May cause heart problems chest pain, irregular heartbeats, and heart attack.

People				
There will be people who want to help, but their offers can feel overwhelming. To help with the overwhelm, designate				
2 -5 people point people to be your inr	er circle of support and allow them to fil	ter the flow of information and		
support from and to you. There are three kinds of people who will want to help, and each of them can play a role.				
Point People:	Family and Friends:	Concerned Citizens:		
These are the people you are most comfortable sharing your diagnosis and updates with. A point person can be a close family member, best friends, or a co-worker.	These are people who you care about but are not incredibly close with. They often include some family, friends, and co-workers.	These are people who you know but not well. Many of them will want to help, and there is plenty they can help with.		

People			
Point Person Name:	Point Person Email:	Point Person Phone#:	
Point Person Name:	Point Person Email:	Point Person Phone#:	
Point Person Name:	Point Person Email:	Point Person Phone#:	
Point Person Name:	Point Person Email:	Point Person Phone#:	
_	<u> </u>	_	

People			
Write down the names of a few frier	Write down the names of a few friends and family you might want to notify.		
	Support		
There are many different ways peop	le can support you, but sometimes it is ha	rd to determine where and what kind of	
	egories where accepting help can be straig		
	and brainstorm other ways your friends ar		
Food:	Work:	Financial:	
1. Put a cooler by the front doo	1. Develop a workplan	Pay for Uber/Lyft Rides	
2.	2.	2.	
2	2	Z	
3	3	3	
Children:	Car:	Home:	
 Pay for day care/afterschool events 	1. Buy a gas card	Pay for a housekeeper	
	2	2	
2			
2	3	3	
3			

Your Questions
This section is for you to record any questions you may have about your treatment.

For more information go to 100ActsofLove.com