**MY HEALTH-CARE TEAM**

**MY PRIMARY CARE DOCTOR:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best Ways to Reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

**NOTES:**

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**MY HEALTH-CARE TEAM**

**OTHER DOCTORS I SEE:**

(For example: cardiologist, allergist, etc.)

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

**NOTES:**

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**MY HEALTH-CARE TEAM**

**MY ONCOLOGIST/HEMATOLOGIST:**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

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| **Plan of Care:** |
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**NOTES:**

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**MY HEALTH-CARE TEAM**

**MY RADIATION ONCOLOGIST:**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

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| **Plan of Care:** |
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**NOTES:**

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**MY HEALTH-CARE TEAM**

**MY SURGEON:**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

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| **Plan of Care:** |
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**NOTES:**

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**MY HEALTH-CARE TEAM**

**OTHER MEMBERS OF MY HEALTH-CARE TEAM**:  
(For example: nurses, social workers, physical therapists, etc.)

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

**MY HEALTH-CARE TEAM**

**OTHER MEMBERS OF MY HEALTH-CARE TEAM**:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Date Last Seen** |  |
| **Best ways to reach (e.g., e-mail, phone call, scheduled call-in times)** |  |