

MY HEALTH-CARE TEAM

MY ONCOLOGIST/HEMATOLOGIST:

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)	

Plan of Care:

NOTES:

MY HEALTH-CARE TEAM

MY RADIATION ONCOLOGIST:

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)	

Plan of Care:

NOTES:

MY HEALTH-CARE TEAM

MY SURGEON:

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)	

Plan of Care:

NOTES:

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)	