

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 callin times) **NOTES:**



OTHER DOCTORS (For example: cardio	GISEE:
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:	



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 RADIATION ONCOLOGIST: Name Address City, State, Zip Telephone Fax E-mail
City, State, Zip Telephone Fax
City, State, Zip Telephone Fax
Telephone Fax
Fax
F-mail
Date Last Seen
Best ways to reach
(e.g., e-mail, phone call, scheduled
call-in times)
Plan of Care:
NOTES:



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)			
can-m times)			
Plan of Care:	_		
NOTES:			



call-in times)

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



OTHER MEMBERS OF MY HEALTH-CARE TEAM:

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