Cancer.Net

Doctor-Approved Patient Information from ASCO®

MY HISTORY

MY INFORMATION

Name	
Date of Birth	
Social Security #	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

MY FAMILY CONTACTS

IN THE EVENT OF AN EMERGENCY, THE FIRST PERSON TO CONTACT IS:

Name	
Relationship	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

THE SECOND PERSON TO CONTACT IS:

Name	
Relationship	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

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MY HISTORY

MY INSURANCE COVERAGE

(Remember to bring your insurance cards every time you see a new doctor.)

PRIMARY:

Name of Insured	
Company Name	
Address	
City, State, Zip	
Telephone	
Fax	
Policy Numbers	
Social Security # of Insured	

SECONDARY:

Name of Insured	
Company Name	
Address	
City, State, Zip	
Telephone	
Fax	
Policy Numbers	
Social Security # of Insured	

MY MEDICAL PROFILE

SURGERIES:

Type of Surgery	Date	Hospital	Reason for Surgery

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MY HISTORY

MY MEDICAL PROFILE (CONTINUED)

MEDICAL CONDITIONS: (For example: high blood pressure, heart trouble, diabetes, depression, breathing problems, other)

Condition	Year Diagnosed	How Is it Treated

ALLERGIES: (For example: medications, food, and/or other substances)

Allergy	Allergic Reaction (What symptoms develop?)

MEDICATION I TAKE:

Information the doctor will want to know for each medication:

Why are you taking it?
How long have you been taking it?
What is the dosage?
How many times a day do you take the medication? (If you are not sure, bring the medication with you.)

Medication	Dose	Number of Times Taken Per Day	Date Started	Prescribed By

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MY MEDICAL PROFILE (CONTINUED)

OTHER MEDICATION I TAKE:
Remember to include on your list any over the counter (OTC) medicine you take (vitamins, herbs, pain relievers, supplements, etc.).

Other Medication	Dose	Number of Times Taken Per Day	Date Started

OTHER INFORMATION TO SHARE WITH MY HEALTH-CARE TEAM:

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MY HISTORY

MY CANCER DIAGNOSIS

Date of Surgery or Biopsy	
Doctor	
Place Procedure Was Performed	
Surgery That Was Performed	
Results of My Surgery	
Primary Cancer Type	
Type of Tumor (Histological Type)	
Stage of Disease	
Any Problems Since My Surgery	

OTHER INFORMATION:

TREATMENTS: