

PERSONAL TREATMENT RECORD

You may wish to keep a journal about your cancer treatment. Your journal will be a helpful reference for you and your doctors as you discuss various steps in your treatment plan.

Medical Oncologist _____ Phone _____

Radiation Oncologist _____ Phone _____

Family Doctor _____

Surgeon _____

Hospital _____

Nurse _____

Nurse _____

Nurse _____

Pharmacy _____

Questions for your Doctor _____



SIDE EFFECTS / SYMPTOM LOG

Hour	Problem (describe, for example: vomiting, nausea, diarrhea, etc.)	Comfort Scale 0-5	Medication Taken & Dose	Other Relief Measures Tried (that worked)
12 Midnight				
1 am				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12 Noon				
1 pm				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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