Cancer Medical

B I N D E R

Medical History

Date: The approximate time of the event. Minimally, the month and the year. **Age:** Age at the time of the event. **Medical Event:** Surgeries, injections, significant symptoms, diagnosis, major testing, pacemakers, etc.

Date	Age	Medical Event

Medications and Allergy List

Medication	Dosage	Reason	Time(s)	Special Instructions

Allergies

Care Team

Team Member	Relationship	Phone #	Additional Info

Phone Call Log

Date	Name	Notes

Oncology Emergency Information

Contact a doctor when...

- New symptoms develop
- Fever or temperature above 100 degrees/ shaking or chills
- Unable to swallow
- Sore throat or mouth sores develop
- Uncontrollable nausea or vomiting
- Uncontrollable diarrhea or constipation
- Increased drowsiness
- Abnormal skin changes or rashes.
- Dizziness, lightheadedness/balance changes
- Vision changes
- Painful or frequent urination
- Excessive bruising or uncontrollable bleeding
- Blood in urine or bowels
- Loss of bowel control
- Unexplained pain
- Leg Weakness

Call 911...

- If unconscious or in/out of consciousness
- If abnormally confused or hallucinating
- If having chest pain or other severe pain
- If having trouble breathing.
- If someone has no pulse.
- If bleeding severely or vomiting blood.
- If a seizure or a bad fall has occurred.
- If a severe headache and slurred speech is occurring.
- If pressure or severe pain in the abdomen
- If unable to walk or move legs

This material was created and published online for informational purposes only. If you think you may have a medical emergency, call your doctor, or go to the nearest hospital emergency department immediately. This is not intended to be a substitute for professional medical advice and should not be relied on as personal advise.