SIDE EFFECTS

Talk to your doctor openly about any symptoms you feel as soon as they begin. Early treatment of side effects may prevent them from persisting or worsening. Keep detailed records to help your doctor determine the best way to treat or manage them.

💞 MY DIAGNOSIS	
Cancer Type/Subtype	
Stage/Grade	
Diagnosis Date (year)	
Biomarkers (if any)	
Types of treatment	

We my health care team contacts							
TYPE OF CONTACT	NAME	PHONE/E-MAIL					
Oncologist/Specialist							
Nurse Navigator							
Pharmacy							

SYMPTOMS & SIDE EFFECTS

DATE OF LAST TREATMENT	DATE SIDE EFFECT BEGAN	TYPE OF SIDE EFFECT	SEVERITY (Scale of 1-10)	HOW LONG DID IT LAST?	ANY POSSIBLE TRIGGERS?	DID ANYTHING HELP?
Example: Chemotherapy infusion, 2/27/23	3/1/23	Nausea	7	Most of the day	Certain smells	Ginger lozenges

1. WRITE IN SIDE EFFECTS THAT NEED IMMEDIATE ATTENTION