



All About Me

This handout is to help you keep track of information about your medical care. Fill in your current and past treatment information. This should be updated when there are changes to your care. You may ask your health care team members to help you with filling out this information. Please bring this handout and your list of medicines with you to all appointments and if you are admitted to the hospital. It is also important to bring a copy of your Advance Directives when you come to the clinic or hospital.

Diagnosis: _____

Stage: _____ Date diagnosed: _____

My Recent Hospitalizations (not including surgeries)					
Admit Date	Discharge Date	Reason	Treatment	Doctor	Hospital

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

My Surgeries or Operations			
Date	Type	Hospital	Surgeon

My Chemotherapy or Biological Therapy					
Chemotherapy or Biological Therapy (IV or Oral)	Start Date	End Date	Reason Stopped	Number of Treatments	Reactions

My Other Medical Conditions or Treatments			
Conditions / Illnesses	Treatment	Doctor or Specialist	Date of Diagnosis

My Radiation Therapy					
Type of Radiation	Start Date	End Date	Area Treated	Number of Treatments	Doctor

My Other Treatments and Remedies

Examples: Complementary treatments, diet or herbal remedies

Name / Amount of treatment or remedy	When you use them	Why you use them	Doctor	Date last used