

What you need to know about your radiation, before you begin treatments

Name of the doctor performing the radiation treatments:

Treatment start date:

Type of radiation:

Radiation uses x-rays or other radioactive materials to kill cancer cells.

External
 (“External radiation therapy” involves a machine that points x-rays at a specific part of the outside of your body)

Internal
 (“Internal radiation therapy” - or “brachytherapy” - involves placing a capsule of radioactive material inside your vagina)

Where I’m going to receive treatment:

Clinic
 Name:

Hospital
 Name:

Other
 Name:

Location:

Location:

Location:

I will stay in the hospital during treatment:

Yes No

Treatment frequency:

Notes and questions:

(you may want to take notes on the goals of your treatment, and questions that you may have. It may also be helpful to bring a tape recorder to every appointment.)

Potential side effects:

Side effects with radiation therapy are common, ask your provider about short-term and long-term impacts and how to prevent or treat them. If you have side effects at home, *tell your team*; they only can help you with what you tell them about.

My post-radiation plan:		
Additional treatments:	Am I getting chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use ECANA's "Chemo: Know Before You Go"
Plan for follow-up:		

Your care team			
My information:			
Medical record #:			
Emergency contact name and phone #:			
Pharmacy #:		Pharmacy Address:	
Remember: <u>you</u> are the captain of your care team! You <u>always</u> have the right to ask questions and get second opinions.		Keep track of upcoming appointments with each doctor here ↓ ↓ ↓ ↓ ↓ ↓	
Primary care doctor	Name:	Phone:	
	Office location:		
Obstetrician-gynecologist	Name:	Phone:	
	Office location:		
Gynecologic oncologist <i>(Reproductive organ cancer specialist)</i>	Name:	Phone:	
	Office location:		

Medical oncologist <i>(Cancer specialist)</i>	Name:	Phone:	
	Office location:		
Radiation oncologist <i>(Specialist in using radiation to treat cancer)</i>	Name:	Phone:	
	Office location:		
Social worker	Name:	Phone:	
	Office location:		

