

Caregiver's Logbook with a focus on the patient with cancer

Make it easy to find and share your loved one's health information by recording it all in one place. Fill out the details here or download a copy to print and fill out by hand.



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Information about the patient

Full name _____

Address _____ Phone (_____) - ____ - ____

Insurance information _____ Date of birth ____ / ____ / ____

Emergency contact

Name _____

Cell phone (_____) - ____ - ____

Call this number first

Home phone (_____) - ____ - ____

Call this number first

Call 9-1-1 in the event of a serious or life-threatening emergency.

Important health information:

Medical conditions

Allergies

(for example, medicine, food, or latex)

Dietary restrictions

Physical, verbal, hearing, or visual limitations



Locations of important paperwork

Driver's license

Insurance card

Dental benefits card

Vision benefits card

Pharmacy benefits card

Other insurance (disability, long-term care, etc.)

Advance directives (living will)

Do Not Resuscitate (DNR) paperwork

Contact information for lawyer

Contact information for religious advisor



Daily routine

Maintaining a routine can help you ensure that your loved one's care is consistent and that his or her needs are being met on a daily basis. Write down your loved one's daily routine, including meals, medications, and activities.

Morning

Afternoon

Evening

Night

Things your loved one likes (including any foods, TV/radio programs, or activities)

Daily chores

Pets

Other tasks your loved one needs help with

Task

Person helping

Phone number

1. _____
2. _____
3. _____

Additional people who can help

Name

When available

Phone number

1. _____
2. _____
3. _____

Other notes



The care team

Note to caregiver: Please fill out information for relevant care team members.

Primary care/family doctor

Name _____

Office phone _____

Address _____

E-mail address _____

Medical oncologist

Name _____

Office phone _____

Address _____

E-mail address _____

Radiation oncologist

Name _____

Office phone _____

Address _____

E-mail address _____

Surgical oncologist

Name _____

Office phone _____

Address _____

E-mail address _____

Nurse navigator

Name _____

Office phone _____

Address _____

E-mail address _____

Social worker

Name _____

Office phone _____

Address _____

E-mail address _____

Pharmacist

Name _____

Office phone _____

Address _____

E-mail address _____

Preferred hospital

Name _____

Office phone _____

Address _____

E-mail address _____



Specialist #1

Name _____
Office phone _____
Address _____

E-mail address _____

Specialist #2

Name _____
Office phone _____
Address _____

E-mail address _____

Lab facility

Name _____
Office phone _____
Address _____

E-mail address _____

Infusion center

Name _____
Office phone _____
Address _____

E-mail address _____

Other contact

Name _____
Office phone _____
Address _____

E-mail address _____

Other contact

Name _____
Office phone _____
Address _____

E-mail address _____





Information to help prepare for doctor visits

Use this form every time your loved one has to visit a doctor. You can fill it out on your computer or print it and fill it out by hand.

General information

Date and time of visit

Office phone

With (doctor's name)

Where

Reason for visit

Health changes, symptoms, or side effects since last visit

Questions to ask the doctor

Appointment tips

- 1 Come prepared
- 2 Take notes (use the next page)
- 3 Don't be afraid to discuss tough topics



Notes from doctor visits

General information

Date of visit

With (doctor's name)

Reason for visit

What did the doctor say during the visit?

Procedures or tests performed during visit

Procedures or tests scheduled for after the visit

Next appointment





Notes about possible treatments

You may need to find out about treatment options for your loved one.

Use this sheet to gather information and any questions you may have.

Treatment _____

Notes _____

Questions to ask the doctor _____

Treatment _____

Notes _____

Questions to ask the doctor _____

Treatment _____

Notes _____

Questions to ask the doctor _____



Notes from treatment visits

Date of treatment	_____
Treatment center	_____
Address	_____
Phone	_____
Other	_____
Notes	_____

Things to pack for treatment visits

<input type="checkbox"/> Comfortable clothing	<input type="checkbox"/> Entertainment
<input type="checkbox"/> A personal pillow and/or blanket	<input type="checkbox"/> Snacks and water
<input type="checkbox"/> Reading materials	<input type="checkbox"/> Notebook
<input type="checkbox"/> Other _____	_____



Symptoms and side effects tracker

Record your loved one's symptoms and side effects. This can help you communicate what he or she is experiencing to other members of the care team.

Week of _____ Treatment received _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Symptoms/ side effects							
Severity (Use a scale of 1 to 10, with 1 being the best and 10 the worst)							

Other notes/
questions _____

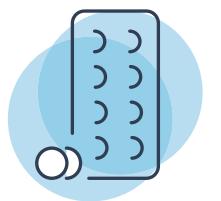
Week of _____ Treatment received _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Symptoms/ side effects							
Severity							

Other notes/
questions _____

Some side effects can be more serious than others. If you think your loved one is experiencing a symptom or side effect that requires immediate attention, call the doctor's emergency number or 9-1-1.





Prescription and over-the-counter medicines your loved one takes

Write down the names of any prescription and over-the-counter medicines (such as aspirin or cough syrup) that your loved one is taking and the reason for taking it.

Medicine	Dosage amount	How and when to take it	Reason for taking it	Prescribing physician	Pharmacy
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	Reason for taking it. If stopped, give reason for stopping	Name, phone	Name, phone
Description (color/shape)					
Rx #					
# of Refills					
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	Reason for taking it. If stopped, give reason for stopping	Name, phone	Name, phone
Description (color/shape)					
Rx #					
# of Refills					
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	Reason for taking it. If stopped, give reason for stopping	Name, phone	Name, phone
Description (color/shape)					
Rx #					
# of Refills					

Tip

Post this list on the refrigerator or bulletin board so it's always easy to access.





Vitamins, supplements, and herbals your loved one takes

Write down the names of any vitamins, supplements, and herbals that your loved one is taking and the health condition for which they were recommended. Sometimes vitamins, supplements, and herbals can interfere with cancer treatment. Please inform the doctor of all medications, vitamins, supplements, and herbals that your loved one is taking.

Vitamin/ supplement/herbal	Dosage amount	How/when to take it	Reason for taking it	Recommending provider
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	If stopped, provide reason	Name, phone
Description (color/shape)			Recommended by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	If stopped, provide reason	Name, phone
Description (color/shape)			Recommended by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Strength/mg, etc.	How to take medicine and the time(s) to take it	If stopped, provide reason	Name, phone
Description (color/shape)			Recommended by doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Medical service cost tracker

Helpful tips:

- 1 Get written permission from your loved one to talk with their insurance company on their behalf
- 2 Speak with a hospital social worker or case manager
- 3 Keep track of all out-of-pocket medical expenses





Resources

American Cancer Society

Website: www.cancer.org

Phone: **1-800-ACS-2345 (1-800-227-2345)**

Friend for Life Cancer Support Network

Website: www.friend4life.org

Phone: **1-866-374-3634**

CancerCare

Website: www.cancercare.org

Phone: **1-800-813-HOPE (1-800-813-4673)**

National Association for Home Care & Hospice

Website: www.nahc.org

Phone: **1-202-547-7424**

Cancer Hope Network

Website: www.cancerhopenetwork.org

Phone: **1-877-HOPENET (1-877-467-3638)**

National Cancer Institute

Website: www.cancer.gov

Phone: **1-800-4-CANCER (1-800-422-6237)**

Caregiver Action Network

Website: www.caregiveraction.org

Phone: **1-855-227-3640**

National Alliance for Caregiving

Website: www.caregiving.org

Phone: **1-202-918-1013**

Family Caregiver Alliance

Website: www.caregiver.org

Phone: **1-800-445-8106**

Other resources

If you're looking for local resources, reach out to your loved one's nurse navigator or the hospital social worker.

They can be excellent sources of information about support that may be available.





Other notes