

♥ Bring to your appointment

Name: _____ Date: _____ Care team phone: _____

A warm, simple sheet so you (or the person who loves you) walk in prepared. Fill in what you can; blank lines are fine.

☀ **Reminder:** Sharing how you feel helps your team keep you comfortable. They may pause treatment (dose interruption) or lower a dose (dose reduction) when that's the right move for you.

1. My drug list

Medicine (brand / generic)	Dose	Schedule (when I take it)

2. Side effects I'm having

Side effect	Started (date)	How often	Severity 0–3

0 = none 1 = mild 2 = moderate 3 = severe

3. What I've tried (and whether it helped)

What I tried	Helped? (yes / a little / no)	Notes

4. Other medicines and supplements

Include over-the-counter pills, vitamins, herbals, and anything you take only sometimes.

5. Questions for my team

6. What the team said today

♥ Call your oncology care team right away if you have:

- A fever of 100.4°F (38°C) or higher (CDC)
- Shaking chills
- New shortness of breath or chest pain
- Anything that suddenly feels much worse

My care team's after-hours number: _____

From CancerSideEffectsGuide.com, by the CSE Team. Last updated: October 28, 2026. Free to print and share. This checklist is for information only and isn't medical advice. Always follow your own care team's instructions. Sources: NCI (Side Effects of Cancer Treatment; Chemotherapy and You); Cancer.Net / ASCO; MedlinePlus; American Cancer Society; CDC (fever number).