

My Head and Neck Cancer Treatment Journal

Keep complete track of your treatment.

Use this journal to record all your most important treatment information. This includes how to contact your healthcare team, what medications you take, when you take them, and where you get your prescription refills. Provide caregivers and family members with copies of your Journal, especially if they help pick up refills for you.

My oncologist: _____
Address: _____
City/State/ZIP: _____
Phone/Fax: _____
E-mail: _____

My physician: _____
Address: _____
City/State/ZIP: _____
Phone/Fax: _____
E-mail: _____

My pharmacy: _____
Address: _____
City/State/ZIP: _____
Phone/Fax: _____
E-mail: _____

Medication	Reason I take it	Dosage (How much I take)	Directions (How I take it)	Prescribing doctor (Name, phone, fax)	Next refill