

## ABOUT ME



In this section, you will find:

A place to write down:

- Members of your health care team
- Your medical history
- Your medications
- Your questions



# My Health Care Team

You will be working with many different health care providers during your cancer care. Here is a place where you can keep track of their names and contact information. A description of what each health care provider does can be found in the 'Just Diagnosed' section of this guide.

## London Regional Cancer Program Automated Service

**519-685-8600**



- Press '2' to change appointments
- Press '1' then select '3' to speak to a Telephone Triage Nurse (Monday to Friday 8:30 a.m. - 4:00 p.m., Closed from 12:00 noon - 1:00 p.m.)
- Press '0' to speak to an operator

**LRCP Pharmacy:** ..... **519-685-8606**

**Canadian Cancer Society Volunteer Drivers:**..... **1-800-263-6750**

**Supportive Care:** ..... **519-685-8622**

Surgical oncologist                      Name .....

Medical oncologist  
(Drug therapy doctor)                      Name .....

Primary clinic nurse                      Name .....  
Name .....

Radiation oncologist  
(Radiation doctor)                      Name .....

Radiation oncology nurse                      Name .....  
Name .....

Radiation therapist(s)                      Name .....  
Name .....  
Name .....

Dietitian Name .....

Social worker Name .....

Other specialist Name .....

Home & Community Care Phone # .....

Case Manager .....

Email .....

Other hospital clinic Name .....

Phone # .....

Pharmacy/drug store Name .....

Phone # .....

Address .....

.....

.....

Family doctor Name .....

Phone # .....

Address .....

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You may have other important contacts that you would like to record.

You can write this information here:

Name ..... Phone # .....

Email .....

Name ..... Phone # .....

Email .....



# My Medical History

## My Allergies

Write down your allergies (including drug, food, and other allergies) and your reaction (e.g., rash, fever, hives, swelling).

Allergy

Reaction

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.....	.....
.....	.....

## My medical conditions (include both past and present):

- |                                              |                                                             |
|----------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Kidney disease                     |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Liver disease                      |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Migraines                          |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Pacemaker (Make & Model No. _____) |
| <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Seizures                           |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke                             |
| <input type="checkbox"/> Other               |                                                             |



## Notes

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## My Medications

Bring all of your medications with you each time you come to the cancer centre. This will help to make sure that you are not given a new medication that is not safe for you to take. Be sure to include all of your medications, including prescription medications, over-the-counter medications, herbal supplements, and vitamins. If you have allergies or react to certain medications, tell your doctor, nurse or pharmacist.



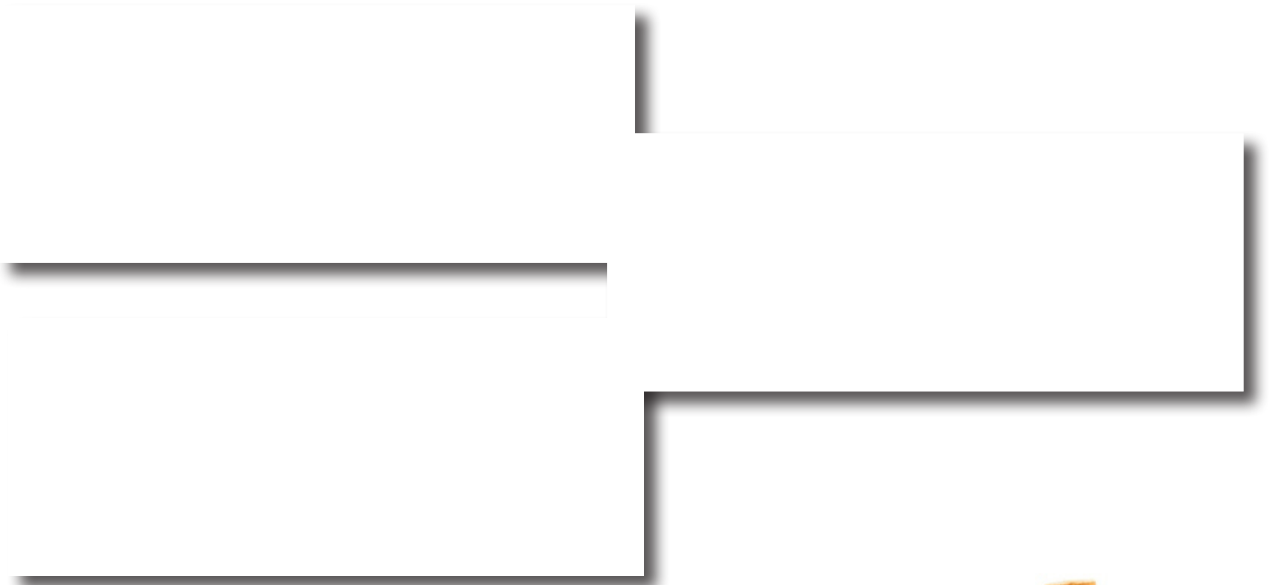
Your pharmacist may give you a medication calendar to help you remember when to take your cancer medicine. **Keep an up-to-date list and bring it with you to all of your appointments.**





## Highlights Page

**Do you want to talk? Have questions? Need support?**



**Do you smoke? Do you want to quit?**

Call 1-866-797-0007 to speak with a Registered Nurse.

They are available 24 hours a day, 7 days a week to support you in quitting. This is secure, free and confidential health advice. For more information, visit <https://healthconnectontario.health.gov.on.ca/static/guest/home>



**Do you want more information?**

Visit the **Patient and Family Resource Centre** on Level 1 of LRCP under the main staircase for free booklets and pamphlets or to borrow a library book.

Watch the **LRCP orientation videos**:

- Your First Visit
- Radiation
- Chemotherapy
- After Treatment

<https://www.lhsc.on.ca/london-regional-cancer-program/lrcp-orientations>







MyChart™ is a secure website where you can access your health information related to London Health Sciences Centre and other health care centres in Ontario. You can track and manage your lifestyle and personal wellness information, as well as view test results and limited clinic notes from your health care visits. For more information on MyChart™ in South West Ontario, visit: <https://healthrecordsonline.ca/>

If you are already registered for MyChart™, you can log in at [www.mychart.ca](http://www.mychart.ca). If you need help, please contact the support centre using the information below.

**MYCHART™ SUPPORT**  
**Phone: 1-833-221-2202**  
**Email: [Support@MyChart.ca](mailto:Support@MyChart.ca)**

After your clinic visit, you can sign up for MyChart™ by phone or by filling out a form.

**BY PHONE:** Contact LRCP Health Information Management (HIM) department at 519-685-8500 ext. 58630

**BY FORM:** Fill out the bottom part of this form and give it to a clerk at any of the clinic registration desks or at LRCP main reception on Level 2.

RIP OR CUT ALONG DOTTED LINE

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## MyChart™ Registration Form- LRCP

Email address: \_\_\_\_\_

Health Card #: \_\_\_\_\_