



My health **DIARY**



Canadian
Association of
Nurses in
Oncology

www.cano-acio.ca



FONDATION
QUÉBÉCOISE
DU CANCER

25 YEARS

INFORMATION, ACCOMMODATION, SUPPORT.

1 800 363-0063
www.fqc.qc.ca

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The **Fondation québécoise du cancer**, dedicated to improving the quality of life of people with cancer and their loved ones, is pleased to bring you "My Health Diary". The Fondation québécoise du cancer is a home away from home, a compassionate voice and the reassurance that comes with knowledge. It provides information, housing, support and resources. You can reach us by phone at **1 800 363-0063**, or visit our Website: **www.fqc.qc.ca**.

"My Health Diary" meets Canadian Association of Nurses in Oncology (CANO) content guidelines and was developed to help you better plan and monitor your medical visits. It helps you provide comprehensive reporting of treatments and side effects, thereby ensuring appropriate professional care.

CANO has made every effort to ensure that information included within this program is accurate. The information included cannot substitute for medical advice and the association makes no guarantees, nor can it assume any legal liability for the accuracy, completeness, or usefulness of such information or for any damage incurred directly or indirectly from the information. Reference to any specific product does not imply its endorsement, recommendation or favoring by the Canadian Association of Nurses in Oncology.

ACKNOWLEDGEMENTS

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PERSONAL INFORMATION

Name _____
Address _____
Telephone Home () _____ Work or Cell. () _____
Hospital File N^o: _____ Health Card N^o: _____

EMERGENCY CONTACT

Name _____
Address _____
Telephone Home () _____ Work or Cell. () _____

MY HEALTHCARE TEAM

HOSPITAL / CLINIC: _____
Address _____ Tel. () _____

PHYSICIANS:

— Dr. _____
Office _____ Tel. () _____

— Dr. _____
Office _____ Tel. () _____

NURSES:

— Name _____ Name _____
Tel. () _____ Tel. () _____

PHARMACIST:

— Name _____
Address _____ Tel. () _____

OTHERS:

SUPPORT GROUPS

Fondation québécoise du cancer

- Info-cancer, Peer Support, Documentation Centre 1 800 363-0063
- Accommodation 1 877 336-4443

WEIGHT

<i>Before treatment:</i>				Kg lbs.
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Kg lbs.	Kg lbs.	Kg lbs.	Kg lbs.	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Kg lbs.	Kg lbs.	Kg lbs.	Kg lbs.	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Kg lbs.	Kg lbs.	Kg lbs.	Kg lbs.	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Kg lbs.	Kg lbs.	Kg lbs.	Kg lbs.	

BLOOD TEST RESULTS

Normal results	White blood cell count	Neutrophil	Hemoglobin	Platelets
(to be completed by healthcare professionals)				

Date:					
White blood cell count					
Neutrophil					
Hemoglobin					
Platelets					

Date:					
White blood cell count					
Neutrophil					
Hemoglobin					
Platelets					

Date:					
White blood cell count					
Neutrophil					
Hemoglobin					
Platelets					

Date:					
White blood cell count					
Neutrophil					
Hemoglobin					
Platelets					

TREATMENT SCHEDULE

C = Chemotherapy R = Radiotherapy M = Medical Visit B = Blood Test						
Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday	Sat./Sunday
Ex: Week of October 5	C, R <input type="text" value="5"/>	R <input type="text" value="6"/>	<input type="text" value="7"/>	M <input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE IMPORTANCE OF REPORTING SIDE EFFECTS

Please indicate what you have done to relieve your side effects and whether it was successful.

Questions / Notes: _____

REPORTING OF SIDE EFFECTS

Cycle: _____ **0 = None** _____ **5 = Moderate** _____ **10 = Severe**
Week of: _____ *Indicate your level of intensity for each of the following symptoms.*

Date:						Date:					
Loss of appetite						Fever (> 38.5°C or 101.3°F)					
Nausea						Numbness (feet / hands)					
Vomiting						Heartburn					
Fatigue						Hearing loss					
Pain						Sleeping problems					
Diarrhea						Skin problems (ex. rash)					
Hair loss						Sore throat					
Constipation						Other:					

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Constipation						Other:					

QUESTIONS / NOTES

A large, vertically oriented rectangular area with rounded corners, enclosed by a dark blue border. The interior of this area is filled with horizontal orange lines, providing a template for writing. The lines are evenly spaced and extend across the width of the box.

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