



Patient Passport



An initiative of / Une initiative du



The purpose of the **Patient Passport** is to help you with your plan of care between home, the doctor's office, outpatient clinics and the hospital.

An up-to-date passport will help all your care providers know about your condition and treatment to help provide care that will best meet your needs. Take it with you each time you leave your home.

This Passport contains important information and is valuable to its owner. Please respect the owner's privacy.

If found, please keep the information secure until returned to:

Personal Information

Name: _____

Address: _____

Phone (H): _____

(Alternate): _____

HCN/MCP: _____

Marital Status: _____

Insurance Plan: _____

Religion: _____

Next of Kin: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Planning For Your Future Health Care Needs:

Do you have an Advance Health Care Directive or Living Will?

☐ Yes ☐ No

Has a copy of the Advance Health Care Directive been added to your health record? ☐ Yes ☐ No

Have you named a substitute decision maker? ☐ Yes ☐ No

If yes, whom _____

Relationship to patient _____

Rituals, practices or beliefs which are important to me: _____

Important Numbers & Resources

Dr. H. Bliss Murphy Cancer Centre:

Main Reception Line (709) 777-6480

Patient Telephone Triage Line (709) 777-7176

Oncologist(s):

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.....

Oncology Nurse(s):

.....

.....

Radiation Therapy Reception (709) 777-8206

Nutrition Services (709) 777-7604

Social Work (709) 777-7604

Oncology Pharmacist _____

Community Pharmacy _____

Cancer Patient Navigators 1-855-848-3888

Aboriginal Patient Navigators (709) 777-2199

Family Physician: _____

Community Health Nurse: _____

Cancer Centre Corner Brook (709) 637-5476

Cancer Centre Grand Falls-Windsor (709) 292-2112

Cancer Centre Gander (709) 256-5545

Other Regional Treatment Centre: _____

Nearest Emergency Department _____

Canadian Cancer Society 1-888-939-3333

Daffodil Place 1-888-753-6520

Agnes Cowan Hostel (709) 777-6831/6832

Young Adult Cancer Canada (YACC) 1-877-571-7325

Dr. H. Bliss Murphy Cancer Care Foundation (709)-777-7589

Smoker's Helpline 1-877-513-5333

Medical Transporation Assistance Program 1-877-475-2412

Other: _____

My Medical History

Diagnosis

Date

Surgery

Date

Other Health Problems:

☐ Arthritis

☐ Diabetes

☐ Heart Disease

☐ High Blood Pressure

☐ Kidney Disease

☐ Migraine/Headaches

☐ Respiratory Problems

☐ Seizures

☐ Special Diet

☐ Other:

Allergies:

Substance(s):

Type of Reaction:

List of Medications

Please include prescription, over the counter, vitamins, supplements, natural, herbal and traditional medicines.

Medicine Name	Dose	How Often	Start Date	End Date	Comments

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Schedule of Appointments

Use the calendars on the following pages to record your scheduled appointments and tests.

Legend

FLUP	Follow-up
CFLUP	Chemotherapy follow-up visit with Doctor
C-TX	Chemotherapy treatment
RT	Radiation treatment
BT	Blood test
DI	Diagnostic Imaging: CT, MRI, PET Scans, X-Ray
SC	Supportive Care: Social Work, Nutrition, Lymphedema, Patient Navigator, etc.
T FLUP	Telephone follow-up call
V FLUP	Video follow-up appointment




































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














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



















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This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.



Screening for Distress

Name: _____
 HCN: _____
 Date of Birth: _____

Completed By: _____

Date: _____

(DD/MONTH/YYYY)

Please circle the number that best describes how you feel NOW

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
No tiredness (<i>lack of energy</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
No drowsiness (<i>feeling sleepy</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
No nausea	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
No lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No depression (<i>feeling sad</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
No anxiety (<i>feeling nervous</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Best well-being (<i>how you feel overall</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible well-being
No _____ other problem (<i>i.e. constipation</i>)	0	1	2	3	4	5	6	7	8	9	10	Worst possible _____

Check all the following items that are CURRENTLY concerns for you

Emotional:

- ☐ Fears/Worries
- ☐ Sadness
- ☐ Frustration/Anger
- ☐ Changes in appearance
- ☐ Intimacy/Sexuality

Spiritual:

- ☐ Meaning/Purpose of life
- ☐ Faith

Practical:

- ☐ Work/School
- ☐ Finances
- ☐ Getting to/from appointments
- ☐ Home care
- ☐ Accommodation
- ☐ Quitting smoking
- ☐ Drug costs
- ☐ Health insurance

Physical:

- ☐ Concentration/Memory
- ☐ Sleep
- ☐ Weight
- ☐ Fever/Chills
- ☐ Bleeding/Bruising
- ☐ Cough
- ☐ Mouth sores
- ☐ Difficulty swallowing
- ☐ Special diet
- ☐ Heartburn/Indigestion
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Bladder problems
- ☐ Dizziness
- ☐ Headaches
- ☐ Vision or hearing changes
- ☐ Numbness/Tingling
- ☐ Changes to Skin/nails

- ☐ Lymphedema/Swelling
- ☐ Walking/Mobility
- ☐ Trouble with everyday activities (i.e. bathing, dressing)
- ☐ Sensitivity to cold

Social/Family:

- ☐ Feeling a burden to others
- ☐ Worry about family/friends
- ☐ Feeling alone
- ☐ Support with children/partner

Informational:

- ☐ Understanding my illness and/or treatment
- ☐ Talking with my health care team
- ☐ Making treatment decisions/personal directive
- ☐ Knowing about available resources
- ☐ Taking medications as prescribed

Reviewed by: _____

Signature: _____

Date: _____

How Can We Help You?

Cancer can be a difficult and stressful illness. It can affect many parts of your life: your family, your work, and your finances. Complete this screening tool while you wait to help your cancer care team know of any concerns you have.

Screening for distress helps your health care team to assist you with the issues and concerns you may have.

A family member may help you complete this form. If you need help, or have any questions, please let our staff know and someone will assist you.

By letting us know your concerns, we can give you information about supports and services that are available to help.

The information you share with us becomes part of your health record. It will be shared with your other health care team members. It is protected the same way as all your health care information.

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














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Blood Tests

Cancer and cancer treatments may affect your blood. Your blood contains three important cell types, which your health care team would like to check.

Neutrophils: White blood cells that fight infection.

Hemoglobin: Provides information about the red blood cells ability to carry oxygen from the lungs to the rest of the body.

Platelets: Blood cells that help clot, which prevents serious bleeding if there is an injury.

If you would like, you can ask for your blood test results and record them yourself below. There is also a space to record your weight if you would like to do so.

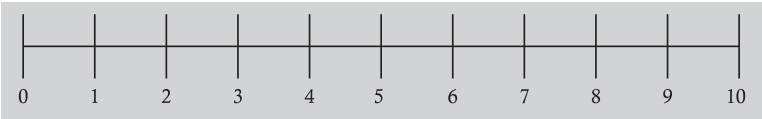
Date	Neutrophils	Hemoglobin	Platelets	Weight	Other

Keeping Track of Your Symptoms at Home

If you would like to track your symptoms at home, this scale from 0-10 can help you do so. Rate how severe the symptom is and what you did to treat it. Have this information with you when you visit or phone your clinic. This information will be helpful to your healthcare team when talking about your symptoms.

Date	Pain	Fatigue	Shortness of Breath	Anxiety	Nausea & Vomiting

0 = No symptom; 10 = Worse possible symptom



Appetite	Diarrhea	Constipation	Other	What I did to feel better

Suggestions For Your Clinic Visits

- Bring this passport with you. Use it to write down questions you would like to ask. Take it with you if you visit your family doctor or go to the Emergency Room.
- Ask a family member or friend to come with you.
- It's okay to bring a snack and something to pass the time.
- Bring your parking card into the clinic with you and pay before you leave (Health Sciences Centre only.)
- You may call **777-7176** if you have questions. This line is answered Monday to Friday 8:30 a.m. to 4:30 p.m. You may leave a message with your phone number and MCP/HCN and your call will be returned.
- Some expenses during treatment may be claimed on your tax return. Remember to keep receipts for food, travel and accommodation and verification of attendance for your appointment.
- Bring your medications or an updated medication list to your appointment.

Moving Beyond Treatment

The Social Work Department of the Dr. H. Bliss Murphy Cancer Centre offers a 7 week program called *Cancer Transitions, Moving Beyond Treatment*. The goal of the group is to support patients with cancer as they move from active treatment to post-treatment. The program includes emotional support and information about exercise, nutrition, well-being and medical management.

For information and registration
please call **(709) 777-7604**.



Dr. H. Bliss Murphy
Cancer Care Foundation

building hope together

Proud to support the
production of this document
for cancer patients.

Download the Patient Passport App in the App Store.

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