



COORDINATING CARE  
WITH MY HEALTH  
CARE TEAM

This belongs to (full name) \_\_\_\_\_

I can be reached at (phone number) \_\_\_\_\_

## NOTES FROM TODAY'S VISIT

Collecting information from all your health care visits gives your oncology team a better overall picture of how your health is being managed outside of your oncology appointments. Coordination between specialists, primary care providers, and any other health care professionals ensures that your health care needs are being met. It also helps with keeping track of your disease, preventing recurrent or new conditions, and facilitating communication between all of your health care teams.

**Work with your health care provider to write notes and next steps that you need to take care of before each upcoming oncology appointment.**



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---



**Date** \_\_\_\_\_

---

---

---

---

**Follow-up needed:** \_\_\_\_\_

---

# FOLLOW-UP FROM OTHER HEALTH CARE VISITS

Use this section to help log what happens at all of your other health care visits. You can also reference this section during your oncology appointments.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.





**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.



**Date of Other Visit:** \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Why did you have this appointment? \_\_\_\_\_

\_\_\_\_\_

What was the doctor's advice, diagnosis, treatment, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to ask my oncologist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have shared this information with my oncologist.

# URGENT CARE OR EMERGENCY DEPARTMENT (ED) VISITS

Use this section to record any ED visits and make sure you share these details with your oncology team.

Make sure you have the following key information with you:

- Your full name
- Your medical condition(s)
- What medicines you're taking
- Emergency contact



**Date** \_\_\_\_\_

**Facility name and contact information:** \_\_\_\_\_

**Why did you go to urgent care or the emergency department?** \_\_\_\_\_

**What was the doctor's advice, diagnosis, treatment, etc?** \_\_\_\_\_

I have shared this information with my oncologist.



**Date** \_\_\_\_\_

**Facility name and contact information:** \_\_\_\_\_

**Why did you go to urgent care or the emergency department?** \_\_\_\_\_

**What was the doctor's advice, diagnosis, treatment, etc?** \_\_\_\_\_

I have shared this information with my oncologist.





**Date** \_\_\_\_\_

**Facility name and contact information:** \_\_\_\_\_

**Why did you go to urgent care or the emergency department?** \_\_\_\_\_

**What was the doctor's advice, diagnosis, treatment, etc?** \_\_\_\_\_

I have shared this information with my oncologist.



**Date** \_\_\_\_\_

**Facility name and contact information:** \_\_\_\_\_

**Why did you go to urgent care or the emergency department?** \_\_\_\_\_

**What was the doctor's advice, diagnosis, treatment, etc?** \_\_\_\_\_

I have shared this information with my oncologist.



**Date** \_\_\_\_\_

**Facility name and contact information:** \_\_\_\_\_

**Why did you go to urgent care or the emergency department?** \_\_\_\_\_

**What was the doctor's advice, diagnosis, treatment, etc?** \_\_\_\_\_

I have shared this information with my oncologist.

# MY HEALTH CARE TEAM

Keep contact information in one place for all the health care professionals you see.



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MY HEALTH CARE TEAM *(continued)*



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







Provided as an educational resource by Merck.

Copyright © 2019 Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. All rights reserved.  
US-NON-02943 12/19

**Merck Oncology**