MY MEDICAL TEAM

MEDICAL ONCOLOGIST

NAME

SPECIALTY / HOSPITAL

DIRECT PHONE / CLINIC

EMAIL / PATIENT PORTAL

OTHER TEAM MEMBERS

ONCOLOGY NURSE / INFUSION TEAM

PRIMARY NURSE NAME

DIRECT LINE / HOW TO REACH THEM

INFUSION CENTER

HOURS

OTHER NURSES / TEAM MEMBERS

SURGICAL ONCOLOGIST

if applicable

NAME

HOSPITAL / PHONE

RADIATION ONCOLOGIST

if applicable

NAME

CENTER / PHONE

Not all team members appear from day one — add names as you meet them

SUPPORT TEAM

NURSE PRACTITIONER / CLINICAL NURSE SPECIALIST

NAME

PHONE / WHAT THEY HANDLE

SYMPTOM MANAGEMENT TEAM

pain & symptom control

NAME / TEAM

PHONE / WHEN TO CONTACT THEM

ONCOLOGY SOCIAL WORKER

practical & emotional support

NAME

PHONE / LOCATION

WHAT THEY CAN HELP WITH

HOW TO REACH

PATIENT NAVIGATOR

guides you through the system

NAME / TEAM

PHONE / WHAT THEY HANDLE

EMERGENCY / ON-CALL

NAME / TEAM

WHEN TO CALL (FEVER, ACUTE PAIN...)

MY PROTOCOL

PROTOCOL NAME

TOTAL CYCLES

SESSIONS / CYCLE