Your chemotherapy

Drug name	Dose	When do I take it?	How do I take it? (E.g. injection, liquid, tablet.)	Any special instructions? (E.g. with food/ empty stomach.)	Possible side effects

Number of cycl	les p	lanned:
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Dates:

Treatment will be reviewed on: _____

If there are any problems,	contact:
In clinic hours:	
At other times:	
Tell the doctor or nurse:	
• Your name	
 Your hospital number 	
• Your diagnosis	
• Your chemotherapy treatment	
• The name of your cancer doctor	

Questions you could ask about chemotherapy

Here are some questions that you may want to ask your cancer doctor or specialist nurse.

What are the contact telephone numbers I should use,

and who do I contact if I have problems during the night?

How long will my whole course of chemotherapy take?

How many cycles of chemotherapy will I have?

Will I have to stay in hospital?

Can I have the treatment closer to home?

Will I need any tests before or after chemotherapy?

What are the likely side effects of the chemotherapy?

What can I do to help myself or prevent side effects?

Are there any long-term effects I should know about?

Will the chemotherapy drugs affect my fertility?

Any other questions you may have: