



## My Information Prescription

**DIAGNOSIS**

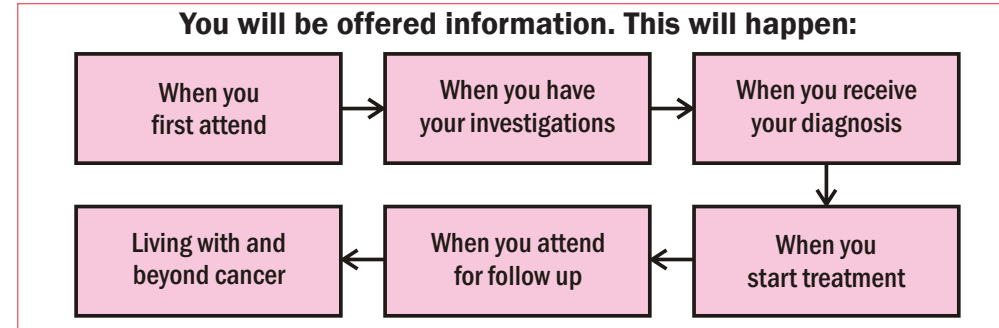
**DIAGRAMS**

| INVESTIGATIONS, TREATMENT AND CARE |                  |
|------------------------------------|------------------|
| Date                               | What will happen |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |
|                                    |                  |

**OTHER MEDICAL CONDITIONS**

This is an important document – please bring with you to each appointment

## My Information Prescription



You can get this information at any time by asking your Key Worker or Local Information Centre. Other information that might be important to you and your family could be:

|   | Given | Sign & Date |
|---|-------|-------------|
| Living with cancer  |       |             |
| Day to day practical support  |       |             |
| Insurance <ul style="list-style-type: none"> <li>• Travel</li> <li>• Life</li> <li>• Home</li> </ul>  |       |             |
| Financial Information   |       |             |
| Lifestyle <ul style="list-style-type: none"> <li>• Smoking</li> <li>• Drinking</li> <li>• Exercise</li> <li>• Nutrition and diet</li> </ul> |       |             |
| Emotional support   |       |             |
| Impact on relationships (sexuality)   |       |             |
| Medications   |       |             |
| Impact of cancer on other medical conditions  |       |             |
| Self help and support groups  |       |             |
| Outlook   |       |             |

**MY MAIN WORRIES AND CONCERNS ARE:**

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| Stage in pathway  | Information   | Given | Sign and date |
|---|---|-------|---------------|
| Consultation and investigation                                    | Chest X-Ray   |       |               |
|   | Ultrasound/biopsy   |       |               |
|   | MRI Scan  |       |               |
|   | CT Scan   |       |               |
|   | Paracentesis  |       |               |
| Diagnosis & Treatment   | Information sheets/MTCN website:-   |       |               |
|   | Radical trachelectomy   |       |               |
|   | Total abdominal hysterectomy  |       |               |
|   | Ovarian Mass  |       |               |
|   | Cancer of the cervix  |       |               |
|   | Cancer of the vulva   |       |               |
|   | Cancer of the uterus  |       |               |
|   | Laparoscopic Assisted Vaginal Hysterectomy (L.A.V.H) (QMC Intranet website) |       |               |
|   | Cancerbackup books:-  |       |               |
|   | Understanding Radiotherapy  |       |               |
|   | Understanding chemotherapy  |       |               |
|   | Understanding lymphoedema   |       |               |
|   | Understanding Cancer of the Cervix  |       |               |
|   | Understanding Cancer of the Ovary   |       |               |
|   | Understanding Cancer of the Uterus  |       |               |
| Understanding Cancer of the Vulva                                 |   |       |               |
| Lymphoedema Information – contact the Lymphoedema Support Network |   |       |               |

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