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## Chemotherapy/drug therapy: things to record

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Name and dose of the chemotherapy/drug therapy

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Number of cycles

Frequency of cycles

Date chemotherapy/drug therapy started

Date chemotherapy/drug therapy stopped

Medical oncologist's name

Hospital/centre where chemotherapy/drug therapy given

Who to contact with concerns related to chemotherapy/drug therapy treatment

Contact details (during office hours)

Contact details (after hours)

If this treatment was part of a clinical trial, name of the clinical trial

### For those with a central venous access device (CVAD)

Type of CVAD

When inserted

Other chemotherapy/drug therapy-related information you may wish to record

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