



KEEPING TRACK

MY CML MEDICATION JOURNAL

▲ **Cancer-related therapies must be taken exactly as prescribed to be fully effective.** Use this document to track each dose, including any missed doses. Make additional copies as needed. Share with your doctor during follow-up appointments.



MY DIAGNOSIS

Cancer Type/Subtype	<i>Leukemia / chronic myeloid leukemia</i>
Phase	
Diagnosis Date (year)	
Biomarkers (if any)	



MY HEALTH CARE TEAM CONTACTS

TYPE OF CONTACT	NAME	PHONE/E-MAIL
Oncologist/Specialist		
Nurse Navigator		
Primary Care Physician		
Case Manager		
Pharmacy		



MY MEDICATION TRACKER

DATE	MEDICATION	DOSAGE/ FREQUENCY	NOTE THE TIME YOU TOOK YOUR LAST DOSE			TREATMENT APPOINTMENT	DETAILS OF ANY SIDE EFFECT
			9 a.m.	5 p.m.	10 p.m.		
3/01/21	<i>Drug name</i>	<i>1 pill daily</i>				<i>10 a.m.</i>	<i>Fatigue</i>
MISSED DOSES AND APPOINTMENTS							



WHAT TO WATCH FOR

CONTACT YOUR DOCTOR IMMEDIATELY IF YOU EXPERIENCE ANY OF THESE SYMPTOMS:

- ▶ Fever of 100.4° F or higher
- ▶ Shaking, chills
- ▶ Chest pain or shortness of breath
- ▶ Excessive bleeding or bruising; clotting issues
- ▶ Confusion
- ▶ Severe headache with a stiff neck
- ▶ Bloody or cloudy urine
- ▶ Diarrhea that lasts more than two days without improvement; bloody or black stool
- ▶ Signs of dehydration: excessive thirst, dry mouth, dry skin, little or no urination, dark-colored urine, severe weakness, dizziness or lightheadedness
- ▶ Severe abdominal or rectal pain
- ▶ Heart palpitations