

JUPITER HEMATOLOGY & ONCOLOGY ASSOCIATES

SERVING OUR COMMUNITY FOR 28 YEARS

ELIZABETH A. REICH, M.D. HENRY J. SHAPIRO, M.D. JUAN E. SANCHEZ, M.D. ANDRES E. CANOVA, M.D.

Chemotherapy Consent Form

We are asking you to read the following information to ensure you are fully informed of the potential side effects of the medicine prescribed by your physician. Your active participation in your plan of care will be a great help to us, and more importantly, to you.

There is a possibility of hair loss from some chemotherapy drugs. This hair loss can result to mild thinning of the hair to total hair loss. This condition is usually temporary with hair growth resuming after chemotherapy is stopped.

There is a potential for mouth sores, tongue coating and sores on lips. I have been instructed how to achieve relief, as well as the importance of notifying this office should these or any unusual conditions develop.

All dental work, even for cleaning MUST be cleared/coordinated with this office. This means no dental work can be done without clearance from this office.

Clearance must be obtained from this office for any surgical procedures, including biopsies. This includes any procedure where the skin is broken. This also includes inflation of breast implants.

The intravenous chemicals may be harsh enough to cause veins to discolor and be inflamed or swollen. These chemicals have the potential of causing SEVERE skin damage if there is even a slight leakage under the skin.

There is a potential for increased burping or gas, sour stomach, and indigestion. I may only use antacids prescribed by my Doctor. I may never use Alka-Seltzer or any medication containing aspirin. Pepto-Bismol may only be used after checking with our office. Aspirin increases the chance for bleeding.

There is the possibility of nausea and or vomiting due to some chemotherapy drugs. We will work very hard as a team to prevent or eliminate this problem associated only with some chemo and not all.

Some, but not all chemotherapy drugs may cause constipation and I have been encouraged to take stools softeners and or laxatives on a regular basis. There is a potential for diarrhea with some chemotherapy drugs and I have been instructed regarding this management. I have been instructed that only rarely any diet restriction be placed upon me depending on my blood counts. I also will call for advice for any sign of problem or question. We should like to work together as a team and communication is the essential key to maintain or prevent problems from becoming unmanageable.

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There is a potential for vaginal dryness, itching or discharge from certain medications. I may be asked to verify that I am NOT PREGNANT at the start of chemotherapy and during my treatments. Birth control is essential and the nurses or physicians will gladly answer any discussion regarding reproduction.

Blood counts may drop making me more prone to infections, bruising or bleeding. I will notify this office immediately if I have any of these problems. I will call immediately if I even experience chills without a temperature.

If a mastectomy or lumpectomy has been performed, that arm/side may NOT be used for blood pressures, chemotherapy injections or blood drawing unless the Doctor has granted special permission.

In general, there is no need to modify my diet. However some drugs (even herbal drugs) do require special dietary restrictions or exclusions. Please keep an updated drug list and we will all act as a team to evaluate the drugs. Alcohol should generally be avoided, but an occasional cocktail may be allowed with the office consent.

I have read the above statement and understand the contents. I have received teaching, phone numbers and been allowed time for explanations. I also understand that all chemotherapy side effects are not limited to just the above mentioned items and other side effects are not common but possible.

Patient Signature	Date:
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Witness' Signature
