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Name: _____

Emergency Contact Name: _____

Cancer Diagnosis: _____

Oncology Treatment Facility: _____

Oncology Treating Provider: _____

Oncology Team Contact: _____

Day Phone: _____

After Hours: _____

Immunotherapy Wallet Card

Treatment History

Past Treatment Regimens	Start Date	Completion Date

Current Treatment Regimen

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Medication List

Medication	Dose	Schedule	Indication

Immune-related side effects may affect any organ and can vary in onset and severity. Report new symptoms to your oncology team.

Symptoms may include:	
General	Fatigue, weakness
Gastrointestinal	Diarrhea, blood or mucus in stool, abdominal pain or tenderness, nausea, loss of appetite
Pulmonary (Lung)	Coughing (new onset or worsening), trouble breathing, shortness of breath
Skin	Rash, itching, skin peeling, blistering, sores in mouth
Endocrine (thyroid, pituitary, adrenal glands)	Persistent or unusual headache, extreme weakness or fatigue, dizziness, fainting, vision changes, mood swings, rapid heart rate, depression, constipation
Musculoskeletal	Sever or persistent muscle or joint pains
Nervous system	Unusual weakness of legs, arms or face; numbness of hands or feet; seizures
Kidneys	Decreased urination, blood in urine, swollen ankles
Liver	Dark urine, yellowed skin, pain on right side of abdomen, bleeding or bruising more than usual
Eyes	Blurred vision, double vision; redness or eye pain
Other	Increased thirst, fever, chest pain

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