

Document Checklist for Patients and Caregivers

Primary care

Doctors name: _____
Clinic: _____
Phone number: _____
Email: _____
Nurses: _____
Nurse's number: _____
Patient file number: _____

Other

Clinic: _____
Phone number: _____
Email: _____
Nurses: _____
Nurse's number: _____
Patient file number: _____

Pharmacist

Phone number: _____
Allergy to medications: _____

Emergency contact

Name: _____
Phone number: _____
Email: _____

Current prescriptions/medications

Oncologist

Doctors name: _____
Clinic: _____
Phone number: _____
Email: _____
Nurses: _____
Nurse's number: _____
Patient file number: _____

Diagnosis

Colon/Rectal: _____
Primary Tumor location (left/right side): _____
Stage: _____
Metastatic Site(s): _____
Lynch Syndrome: _____
Biomarkers:
CEA: _____
MSI/MSS: _____
KRAS: _____
NRAS: _____
BRAF v600a: _____
HER2 over-expr/amp: _____
Comprehensive biomarker testing (NGS)
TMB: _____
Other Alterations: _____

Other

Clinic: _____
Phone number: _____
Email: _____
Nurses: _____
Nurse's number: _____
Patient file number: _____

ccalliance.org | Helpline: (877) 422-2030

The Colorectal Cancer Alliance is a national organization committed to ending colorectal cancer within our lifetime. We are your allies — a national network of passionate survivors, caregivers and advocates dedicated to helping you and your family navigate all aspects of the disease, from diagnosis and treatment to a lifetime of progression-free survival. We are a community of people eager to share experiences, address your concerns, and answer your questions. We understand the different stages of the colon cancer journey because we've been there. We are here for you when you need us because we believe tomorrow can't wait.



Insurance Information

Medical insurance: _____
Plan number: _____
Group number: _____
Phone number: _____
Prescription plan: _____
Medicare/medicaid: _____

Work

Employer: _____
Work phone: _____
Supervisor name: _____
Employee number: _____
Notes: _____

Dental insurance

Plan number: _____
Group number: _____
Phone number: _____

Vision insurance

Plan number: _____
Group number: _____
Phone number: _____

Life insurance

Plan number: _____
Group number: _____
Phone number: _____

Disability insurance

Plan number: _____
Group number: _____
Phone number: _____

Emergency contact

Name: _____
Phone number: _____
Email: _____

Copays

OV: _____
BH: _____
ER: _____
Preventive: _____

Important information

Create a passbook or online password manager account for your loved one to access if needed.

Checklist

- Bank accounts
- Bank account number
- Social media accounts
- Legal Documents
- Living Will - Different from state to state, it's available online, or you can check with your medical provider, attorney, or religious organization for more information.
- A durable power of attorney for health care
- Power of Attorney for Finances
- Contact information for care recipient's lawyer
- Household bills and online account information such as login and passwords
- Childcare