Five Things Cancer Patients Should Know When Evacuating

Sometimes, unexpected events force us to evacuate our homes. As a cancer patient, being prepared means more than safeguarding your home – it’s also about ensuring your cancer treatment continues uninterrupted – even in the event of an unexpected emergency.

It is essential you have a plan before needing to evacuate. Here are some important tips in case you are forced to leave your community.

**TIP No. 1: TALK ABOUT IT**
- Ask your doctor for a location near the area you would go in the event of an emergency evacuation.
- Share your plan and provide your contact information to someone close to you – a family member, friend, or neighbor.
- Advise your home physician of your plan and contact information.

**TIP No. 2: KNOW YOUR TREATMENTS – PAST AND PRESENT**
- Work with your doctor to summarize your medical history including medications; current and recent treatments; and other dietary and health needs. Store this information in a waterproof container and take it with you if you evacuate.
- Ask your doctor if you will need additional prescriptions to cover the time you are away from home.

**TIP No. 3: KNOW YOUR NUMBERS**
- Write down the name, office address, and phone number of your home doctor and pharmacy.
- Store these numbers in your cell phone.
- Keep the information with your medical history.

**TIP No. 4: KNOW YOUR COVERAGE**
- Take your insurance card with you.
- Know your insurance coverage and what doctors and medical facilities are available to you.
- Document ownership of any medical equipment in case it is lost or stolen. Keep this information with your medical records.

**TIP No. 5: KNOW YOUR OPTIONS**
- Talk with your physician to see what he or she recommends.

You may continue your care at another Florida Cancer Affiliates location. Call the Ocala Main office at 352.732.4032, Timber Ridge at 352.237.7170, or Lady Lake at 352.259.8940.

- visit www.FloridaCancerAffiliates.com to view our other locations.
- You may also visit www.usoncology.com to find another practice that is part of The US Oncology Network.
Disaster Preparedness Patient Information Form

Family Contact Information
Name: ___________________________________ Telephone: __________________________
Name: ___________________________________ Telephone: __________________________

Insurance Information
Insurance Company: ______________________ Policy No.: ___________________ Telephone: _____________

Doctor Contact Information
Name: ______________________ Facility: __________________ Telephone: ______________
Name: ______________________ Facility: __________________ Telephone: ______________
Name: ______________________ Facility: __________________ Telephone: ______________

Medications (include name, dosage, frequency)

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Name of pharmacy chain used:

Check List
☐ Inform family members and doctors of evacuation plans
☐ Water tight container for prescriptions
☐ Copies of prescription information
☐ Brief medical history
☐ Medical equipment information

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