



Name/
#callme: _____



Who am I?

Name-

Age-

Birthday-

Gender-

Religion-

Allergies-

**My Consultant is-
Speciality-**

What treatment am I on?

Any special requirements for my treatment?

Helpful Contact Details:

• Dawn Forbes & Charlotte Hughes-01905 761 470

• Riverbank- 01905 760 588

• Worcester Children's clinic- 01905 733 477

• Birmingham Children's hospital oncology ward- 0121 333 9132

• Birmingham Children's hospital oncology clinic- 0121 333 9282

• Orchard- Worcester- 01905 681 590 Redditch- 01527 488 223

• Hereford community nurses- 01432 349639

Warwickshire community nurses- 01788 555138

UHB young person unit- 0121 371 6288

Rosa Hooks 07841 013795 Teenage Cancer Trust, Teenage and Young Adults Clinical Liaison Nurse Specialist Tuesday and Wednesday 08:30-16:30.

Amy Lumley- Paediatric transition into adult services nurse specialist.- 07849700627

Useful Organisations to support me with my journey

• Grace Kelly trust- 01905 885777

• Little Princess trust- 01432 352359

• Children's cancer and leukaemia group- www.cclg.org.uk

Children with cancer UK- www.childrenwithcancer.org.uk

Last updated: 24.03.2025

• If your child has a fever, you must call the ward as soon as possible to report your child has a temperature!

• If your CVL becomes damaged, Use your line repair kit, clamp line above damaged area and contact your local hospital (WRH/BCH/UHB).



MEDICAL PROCEDURE:

1.

2.

3.

4.

5.

6.

What medications do I take?

-
-
-
-
-
-
-

Any additional needs?



What kind of line do you have?

Central venous line? How many lumens?

Port? What size of needle? (SEE PLAN)

Cannula needed? Any aids? (SEE PLAN)



Any nutritional needs?

MEDICAL PROCEDURE:

1.

2.

3.

4.

5.

6.



MEDICAL PROCEDURE:

1.

2.

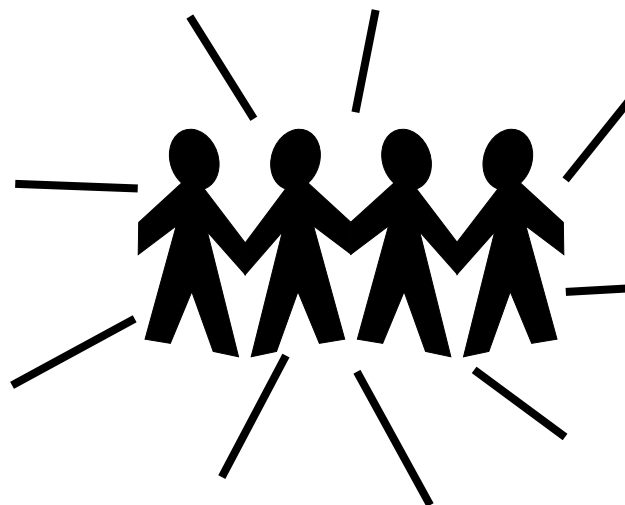
3.

4.

5.

6.

Who's in my family Circle?



My family contact details:

Name:

Number:

Email:

Address:



What makes me happy:

What makes me sad:

**What helps me when I'm sad,
anxious or scared::**

MEDICAL PROCEDURE:

1.

2.

3.

4.

5.

6.

