

Advanced Non Small Cell Lung Cancer Treatment Plan and Summary 2

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The Treatment Plan and Summary is a brief record of major aspects of cancer treatment. This is not a complete patient history or comprehensive record of intended therapies.

TREATMENT PLAN (CONTINUED)			TREATMENT SUMMARY (CONTINUED)
Non-chemotherapeutic Agents	Route	Purpose/Goal	Comments

Reason for stopping treatment: Completion Toxicity Progression ECOG score \geq 2 Other: _____ Response to treatment: Complete Partial No response Progression Not measurable

Treatment-related hospitalization required: Yes No Serious toxicities during treatment (list all): _____

Ongoing toxicity at completion of treatment: Yes (enter type(s) and grade(s) _____) No

ADDITIONAL THERAPIES PLANNED		
Drug name	Comments	Date started (or to start)
		(/ /)
		(/ /)
		(/ /)

Radiation therapy: Not planned Planned Administered Region treated: _____ Radiation dose: _____
 Date initiated: (/ /) Date completed: (/ /)

ONCOLOGY TEAM MEMBER CONTACTS	FOLLOW UP CARE PROVIDER CONTACTS
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:

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 Important caution: this is a summary document whose purpose is to review the highlights of the cancer treatment for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer and cancer therapies in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

[Insert Practice Name/Info Here]

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FOLLOW-UP AND PALLIATIVE CARE

Follow up care	When/How Often?	Coordinating Provider
Medical oncology visits		
Lab tests		
Imaging		

Potential late effects of treatment(s):

Call your doctor if you have any of these signs and symptoms:

<p>Needs or concerns:</p> <p><input type="checkbox"/> Palliative care:</p> <p><input type="checkbox"/> Emotional or mental health:</p> <p><input type="checkbox"/> Personal relationships:</p> <p><input type="checkbox"/> Financial advice or assistance:</p> <p><input type="checkbox"/> Other:</p>	<p>Referrals provided:</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Palliative care</p> <p><input type="checkbox"/> Pulmonary rehabilitation</p> <p><input type="checkbox"/> Dietician</p> <p><input type="checkbox"/> Smoking cessation counselor</p> <p><input type="checkbox"/> Physical therapist or exercise specialist</p> <p><input type="checkbox"/> Psychiatrist</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Social worker</p> <p><input type="checkbox"/> Other:</p>
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Comments: