



TREATMENT SUMMARY (CONTINUED)		
Reason for stopping treatment: <input type="checkbox"/> Completion <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression <input type="checkbox"/> Other:		
<b>Best Response:</b>		
Treatment-related hospitalization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade 3/4 toxicities during treatment (list all):	
Ongoing toxicity at completion of treatment: <input type="checkbox"/> Yes (enter type(s) and grade(s) ) <input type="checkbox"/> No		
ADDITIONAL THERAPIES		
Therapy	Comments	Date started (or to start)
		( / / )
		( / / )
		( / / )
ONCOLOGY TEAM MEMBER CONTACTS		SURVIVORSHIP CARE PROVIDER CONTACTS
<b>Provider: Medical Oncologist</b>	<b>Provider:</b>	
Name:	Name:	
<b>Oncology Nurse</b>	Contact Info:	
Name:		
Contact Info:	<b>Provider:</b>	
	Name:	
<b>Provider: Pulmonologist</b>	Contact Info:	
Name:		
Contact Info:	<b>Provider:</b>	
	Name:	
<b>Provider: Radiation Oncologist</b>	Contact Info:	
Name:		
Contact Info:	<b>Provider:</b>	
	Name:	
<b>Provider: Thoracic Surgeon</b>	Contact Info:	
Name:		
Contact Info:	<b>Provider:</b>	
	Name:	
<b>Provider:</b>	Contact Info:	
Name:		
Contact Info:	<b>Provider:</b>	
	Name:	
<b>Provider:</b>	Contact Info:	
Name:		
Contact Info:		

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 Important caution: this is a summary document whose purpose is to review the highlights of the lung cancer chemotherapy treatment plan 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 lung cancer and adjuvant chemotherapy 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 lung cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

FOLLOW-UP AND SURVIVORSHIP CARE		
Provider with primary responsibility for follow up care:		
Follow up care	When/How Often?	Coordinating Provider
Medical oncology visits		
Palliative Care		
Hospice Care		
Imaging – Chest CT w/contrast		
Brain CT or MRI		
Other		
Other		
•		
•		
•		
<b>Potential late effects of treatment(s):</b>		
<b>Call your doctor if you have any of these signs and symptoms:</b>		
New or recurrent pain Loss of appetite with weight loss Worsening cough, shortness of breath Coughing up blood Headache Other:		
<b>Needs or concerns:</b>		<b>Referrals provided:</b>
<input type="checkbox"/> Smoking cessation:  <input type="checkbox"/> Prevention and wellness:  <input type="checkbox"/> Emotional or mental health:  <input type="checkbox"/> Personal relationships:  <input type="checkbox"/> Fertility:  <input type="checkbox"/> Financial advice or assistance:  <input type="checkbox"/> Other:		<input type="checkbox"/> Pulmonary rehabilitation <input type="checkbox"/> Smoking cessation counselor <input type="checkbox"/> Physical therapist or exercise specialist <input type="checkbox"/> Dietician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> Other:
<b>Comments:</b>		