Cancer Treatment Plan and Summary v1 03/08

[Insert Practice Name/Info Here]

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.

Patient name: | **Patient ID:**
Medical oncology provider name: | **PCP:**
Patient DOB: (/ /) | **Age:** | **Patient phone**:
Support contact name:
Support contact relationship: | **Support contact phone**:

BACKGROUND INFORMATION

Symptoms/signs:

Family history/predisposing conditions:

Major co-morbid conditions:

Tobacco use: ☐ No ☐ Yes, past ☐ Yes, current **(If current, cessation counseling provided?**: ☐ Yes ☐ No**)**

Cancer type/location: | **Diagnosis date:** (/ /)

Is this a new cancer diagnosis or recurrence?: ☐ New ☐ Recurrence (date: / /)

Surgery: ☐ None ☐ Diagnosis only ☐ Palliative resection ☐ Curative resection

Surgical procedure/location/findings:

Tumor type/histology/grade:

STAGING

Study	Date	Findings

T stage: ☐ T1 ☐ T2 ☐T3 ☐ T4 ☐ Not applicable | **N stage:** ☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ Not applicable

M stage: ☐ M0 ☐ M1 ☐ Not applicable | **Tumor markers:**

Stage: ☐ I ☐ II ☐ III ☐ IV ☐ Recurrence Alternative staging system:

Location(s) of metastasis or recurrence (if applicable):

TREATMENT PLAN | TREATMENT SUMMARY

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: in/cm | **Pre-treatment weight:** lb/kg | **Post-treatment weight:** lb/kg

Pre-treatment BSA: | **Treatment on clinical trial:** ☐ Yes ☐ No

Name of chemotherapy regimen:

Chemotherapy start date: (/ /) | **Chemotherapy end date:** (/ /)

Chemotherapy intent: ☐Curative, adjuvant or neoadjuvant ☐ Disease or symptom control

ECOG performance status at start of treatment: ☐ 0 ☐ 1 ☐ 2 ☐3 ☐ 4 | **ECOG performance status at end of treatment:** ☐ 0 ☐ 1 ☐2 ☐3 ☐4

Chemotherapy Drug Name	Route	Dose mg/m^2	Schedule	Dose reduction	# cycles administered
				☐ Yes % ☐No	
				☐ Yes % ☐ No	
				☐ Yes % ☐ No	
				☐Yes % ☐ No	
				☐Yes % ☐ No	
				☐Yes % ☐ No	

Major side effects of this regimen: ☐ Hair loss ☐ Nausea/Vomiting ☐ Neuropathy ☐Low blood count ☐ Fatigue ☐ Menopause symptoms ☐ Cardiac ☐ Other

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

Reason for stopping treatment: ☐ Completion ☐ Toxicity ☐ Progression ☐ 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: (/ /)

SURVIVORSHIP 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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FOLLOW-UP AND SURVIVORSHIP 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:

Needs or concerns:

- ☐ Prevention and wellness:
- ☐ Genetic risk:
- ☐ Emotional or mental health:
- ☐ Personal relationships:
- ☐ Fertility:
- ☐ Financial advice or assistance:
- ☐ Other:

Referrals provided:

- ☐ Dietician
- ☐ Smoking cessation counselor
- ☐ Physical therapist or exercise specialist
- ☐ Genetic counselor
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Social worker
- ☐ Fertility specialist or endocrinologist
- ☐ Other:

Comments

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