

Summary of Cancer Treatment and Follow-Up Plan

Name:

Date of Birth:

TREATMENT SUMMARY

Diagnosis / Staging:

Date of Diagnosis:

Age at Diagnosis:

Date Off-Therapy:

SURGERY

Surgeon:

Contact:

Date	Procedure

CHEMOTHERAPY / BIOTHERAPY

Treatment Center:

Oncologist:

Contact:

Name of Protocol:

Drug Name	Cumulative Dose

RADIATION THERAPY

Treatment Center:

Radiation Oncologist:

Contact:

Date	Type	Field	Dose

BONE MARROW TRANSPLANT

Treatment Center:

Transplant Physician:

Contact:

BMT Protocol:	Date of Transplant:
Conditioning Regimen:	Type of Transplant:
	GVHD:

KNOWN LATE EFFECTS / PROBLEMS OFF-THERAPY

Date	Problem / LTE	Treatment

Name:

Date of Birth:

Prepared by:

Date:

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FOLLOW-UP PLAN

Potential Late Effects	Screening Recommendations**	Date Due

**Screening recommendations adapted from the CureSearch Children's Oncology Group
 Long-Term Follow-Up Guidelines and Health Links - <http://www.survivorshipguidelines.org>

VISIT SCHEDULE

Provider / Clinic	Frequency	Date Due

OTHER Health Occurrences

Date	Occurrence	Treatment/Follow-up

HEALTH MAINTENANCE RECOMMENDATIONS

- √ Moderate physical exercise 30 minutes per day
- √ Weight loss
- √ Quit Smoking
- √ Sun protection – protective clothing and sunblock
- √ Annual influenza vaccine

Prepared by:

Date: