

## Cancer Therapy Treatment Summary

Name:

Date of Birth:

Cancer diagnosis/ type:

Date of diagnosis:

Diagnosis given by:

### Cancer therapies

Type of surgery:

Date of surgery:

Surgery performed by:

Performed at:

### Pathology Findings

Tumor type:

Staging: T    N    M    Stage:

Relevant pathology findings:

Lymph node status:

Initial work-up abnormalities:

**Medical Therapy****Administered by:**

Medication	Dose & Route	Planned schedule	Dates given / any dose reduction

Notes about medical treatment  
Was the treatment planned changed, if so, why?

List any major side effects of medical therapy

**Radiation Therapy**  
*Radiation therapy plan*

Type of radiation therapy:

Area in treatment field:

Total planned dose:

Total number of planned fractions (sessions):

Date radiation therapy started:

Date completed:

Total dose received:

Any notable side effects:

**Oncology Team Contacts**

Provider:

Phone:

Address:

Provider:

Phone:

Address:

Provider:

Phone:

Address:

**Other therapy received:**

**Notes about treatment:**