

CANCER TREATMENT PLAN

This is a comprehensive guide for you to organize notes about your cancer treatment. We recommend you maintain an updated copy of this treatment plan so you can understand your treatment plan and share with your doctors and nurses.

General Information

Patient Name: _____
Patient Date of Birth: _____
Patient Phone: _____
Patient Email: _____

Health Care Providers (Including Names, Practice & Phone Numbers)

Primary Care: _____
Oncologist: _____
Surgeon: _____
Radiation Oncologist: _____
Others: _____

Diagnosis

Cancer Type: _____
Location of Primary (Original Site): _____
Histologic Type: _____
Diagnosis Date: _____
Tumor Size: _____
Lymph Nodes: _____
Metastasis: _____
Stage: _____
Additional Information: _____

Treatment Plan

TREATMENT GOALS

SURGERY

Surgery Date(s) and Year(s): _____
Procedure: _____
Location: _____

RADIATION

Area Treated: _____
Treatment Dosage: _____
Treatment Frequency & Duration: _____
Treatment Schedule: _____

SYSTEMIC THERAPY (chemotherapy, hormonal therapy, other)
before surgery or radiation (neoadjuvant): _____

Name of Regimen: _____
Agents Used: _____
Number & Frequency of Cycles: _____
Treatment Schedule: _____

SYSTEMIC THERAPY (chemotherapy, hormonal therapy, other)
after surgery or radiation (adjuvant): _____

Name of Regimen: _____
Agents Used: _____
Number & Frequency of Cycles: _____
Treatment Schedule: _____

Symptoms & Side Effect:

Common symptoms and side effects to expect during your treatments:

Allergic reactions	<input type="checkbox"/>	Lymphedema (swelling in the arms or legs)	<input type="checkbox"/>
Cognitive issues	<input type="checkbox"/>	Mouth sores	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	Muscle/bone pain or soreness	<input type="checkbox"/>
Diarrhea or constipation	<input type="checkbox"/>	Nausea/vomiting	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	Numbness and tingling in hands/feet	<input type="checkbox"/>
Fatigue or being tired	<input type="checkbox"/>	Radiation pneumonitis	<input type="checkbox"/>
Hair loss	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>
Hearing loss or earaches	<input type="checkbox"/>	Skin changes	<input type="checkbox"/>
Heart damage	<input type="checkbox"/>	Urinary incontinence or difficulties	<input type="checkbox"/>
Infection/fever	<input type="checkbox"/>	Weight changes	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	Other: _____	
Low blood counts	<input type="checkbox"/>	_____	

Please contact your doctor if you experience the following symptoms:

- A fever over 100.5F
- A new symptom or one not outlined above
- A symptom that persists
- Other concerns about your treatment

Long-Term symptoms and side effects which may occur from your treatment include:

- ☐ Bladder, bowel, and digestion problem
- ☐ Brain, spinal cord, and nerve problems
- ☐ Change of taste
- ☐ Cognitive issues, such as trouble with memory or learning
- ☐ Difficulty swallowing and mouth dryness
- ☐ Early onset menopause
- ☐ Heart problems
- ☐ Infertility and intimacy issues
- ☐ Lung problems
- ☐ Menstruation changes
- ☐ Osteoporosis, hypothyroidism, and lymphedema
- ☐ Peripheral neuropathy
- ☐ Radiation fibrosis, or permanent lung scars
- ☐ Reduced sperm counts and sperm activity
- ☐ Risk of stroke
- ☐ Tooth decay and problems

Other Concerns

Outside of symptoms and side effects, you may experience other concerns and challenges throughout your treatment. Please reach out to our doctors or nurses for help if you experience concerns related to the following areas:

- Emotional and mental health
- Financial advice or assistance
- Insurance
- Parenting
- Work

Lifestyle & Behaviors

There are certain lifestyle and behavioral choices that may compromise your treatment or future health. Please speak with one of our doctors or nurses if you have concerns regarding any of the following:

- Alcohol
- Diet
- Physical fitness and activity
- Sun protection
- Smoking
- Weight management

Resources

Cancer support groups: _____

Trusted online resources: _____

Transportation & lodging resources: _____

Financial resources: _____