

[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.

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

Reason for stopping treatment: <input type="checkbox"/> Completion <input type="checkbox"/> Toxicity <input type="checkbox"/> Progression <input type="checkbox"/> Other: _____	Response to treatment: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> No response <input type="checkbox"/> Progression <input type="checkbox"/> Not measurable
Treatment-related hospitalization required: <input type="checkbox"/> Yes <input type="checkbox"/> 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: (/ /)

ONCOLOGY TEAM MEMBER CONTACTS	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: