My Treatment Plan

This Treatment Plan is a summary of your planned cancer treatment. You can keep it with your health care records and share it with your primary care provider or other doctors and nurses. When treatment is over you will also receive a survivorship care plan that will tell you what happens after treatment is over.

General Information

Patient name:	
Patient date of birth:	
Patient phone number:	
Patient email address:	

HEALTHCARE PROVIDERS	NAME, INSTITUTION AND CONTACT INFORMATION
Primary care provider:	
Surgeon:	
Radiation oncologist:	
Medical oncologist:	

Diagnosis

Cancer Type/Location/Histologic type:						
Diagnosis date:						
TNM:	**Tumor size:**		**Lymph Nodes:**		**Metastasis:**	
Stage:						
Other information about cancer:						

Treatment Plan

Treatment goal:					
Surgery:		**Surgery date(s):**		**Procedure/location:**	
Radiation:		**Treatment area:**		**No. of treatments:**	
Systemic therapy:					
To be given *before* surgery or radiation:					

Name of regimen and agents used:

Number of cycles planned & frequency:

To be given *after* surgery or radiation? ☐

Name of regimen and agents used:

Number of cycles planned & frequency:

Additional information:

Symptoms or Side Effects

Symptoms or side effects common during your treatments:

- ☐ **Allergic reactions**
- ☐ **Infections/fever**
- ☐ **Numbness and tingling in hands/feet**
- ☐ **Diarrhea/constipation**
- ☐ **Low blood counts**
- ☐ **Skin changes**
- ☐ **Fatigue or being tired**
- ☐ **Mouth sores**
- ☐ **Trouble thinking**
- ☐ **Hair loss**
- ☐ **Muscle/bone pain or soreness**
- ☐ **Trouble breathing**
- ☐ **Heart damage**
- ☐ **Nausea/vomiting**
- ☐ **Urinary symptoms**
- ☐ **Other**

Please let your doctor know if you have:

1. A fever over 100.5F
2. A brand new symptom
3. A symptom that doesn't go away
4. Anything you are worried about that might be related to the cancer or treatment

Other Concerns

People with cancer may have issues with the areas listed below. If you have any concerns, please speak with your doctors or nurses to find out how you can get help with them.

- ☐ Emotional and mental health
- ☐ Insurance
- ☐ School/work
- ☐ Fatigue
- ☐ Memory or concentration loss
- ☐ Sexual Functioning
- ☐ Fertility
- ☐ Parenting
- ☐ Stopping smoking
- ☐ Financial advice or assistance
- ☐ Physical functioning
- ☐ Weight changes
- ☐ Other

A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:

- ☐ Alcohol use
- ☐ Physical activity
- ☐ Sun screen use
- ☐ Diet
- ☐ Tobacco use/cessation
- ☐ Weight management (loss/gain)
- ☐ Other