[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.

Patient name:		**Patient ID:**
Medical oncology provider name:		**PCP:**
Patient DOB: (___/___/___)	**Age:**	**Patient phone**:
Support contact name:		
Support contact relationship:	**Support contact phone**:	

BACKGROUND INFORMATION

Symptoms/signs:

Family history/predisposing conditions:

Major co-morbid conditions:

Tobacco use: □ No □ Yes, past □ Yes, current **(If current, cessation counseling provided?**: □ Yes □ No**)**

Cancer type/location: **Diagnosis date:** (___/___/____)

Is this a new cancer diagnosis or recurrence?: □ New □ Recurrence (date: ___/___/____)

Surgery: □ None □ Diagnosis only □ Palliative resection □ Curative resection

Surgical procedure/location/findings:

Tumor type/histology/grade:

STAGING

Study	Date	Findings

T stage: □ T1 □ T2 □ T3 □ T4 □ Not applicable **N stage:** □ N0 □ N1 □ N2 □N3 □ Not applicable

M stage: □ M0 □ M1 □ Not applicable **Tumor markers:**

Stage: □ I__ □ II__ □ III__ □ IV__ □ Recurrence Alternative staging system: _____

Location(s) of metastasis or recurrence (if applicable):

TREATMENT PLAN — TREATMENT SUMMARY

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: in/cm **Pre-treatment weight:** lb/kg **Post-treatment weight:** lb/kg

Pre-treatment BSA: **Treatment on clinical trial:** □ Yes □ No

Name of chemotherapy regimen:

Chemotherapy start date: (___/___/____) **Chemotherapy end date:** (___/___/____)

Chemotherapy intent: □ Curative, adjuvant or neoadjuvant □ Disease or symptom control

ECOG performance status at start of treatment: □ 0 □ 1 □ 2 □ 3 □ 4

ECOG performance status at end of treatment: □ 0 □ 1 □ 2 □ 3 □ 4

Chemotherapy Drug Name	Route	Dose mg/m^2	Schedule	Dose reduction	# cycles administered
				□ Yes _____% □ No	
				□ Yes _____% □ No	
				□ Yes _____% □ No	
				□ Yes _____% □ No	
				□ Yes _____% □ No	

Major side effects of this regimen: □ Hair loss □ Nausea/Vomiting □ Neuropathy □ Low blood count □ Fatigue □ Menopause symptoms □ Cardiac □ Other _____