

**[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

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

**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
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info: