

ASCO 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 DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution, Phone numbers)	
Primary Care Provider:	
Surgeon:	
Radiation Oncologist:	
Medical Oncologist:	
Other Providers (Navigator):	
Diagnosis	
Cancer Type/Location/Histologic type:	Diagnosis Date:
Tumor size:	Lymph Nodes: Metastasis:
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not available/applicable	
Other information about the cancer:	
Treatment Plan	
Treatment Goal: <input type="checkbox"/> To cure the cancer and relieve symptoms and side effects of treatment <input type="checkbox"/> To slow the growth of the cancer and relieve symptoms and side effects of treatment	
Treatment Plan	
Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Date(s) (year): Procedure/location:
Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Body area to be treated: How many treatments over how many weeks:
Systemic Therapy (chemotherapy, hormonal therapy, other) <input type="checkbox"/> Yes <input type="checkbox"/> No	
To be given <i>before</i> surgery or radiation (neoadjuvant) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of regimen and agents used:	Number of cycles planned and frequency:
To be given <i>after</i> surgery or radiation (adjuvant) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of regimen and agents used:	Number of cycles planned and frequency:
Additional information:	

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Symptoms or Side Effects			
Symptoms or side effects common during your treatments:			
<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Muscle/bone pain or soreness		
<input type="checkbox"/> Diarrhea/constipation	<input type="checkbox"/> Nausea/vomiting		
<input type="checkbox"/> Fatigue or being tired	<input type="checkbox"/> Numbness and tingling in hands/feet		
<input type="checkbox"/> Hair loss	<input type="checkbox"/> Skin changes		
<input type="checkbox"/> Heart damage	<input type="checkbox"/> Trouble thinking		
<input type="checkbox"/> Infection/fever	<input type="checkbox"/> Trouble breathing		
<input type="checkbox"/> Low blood counts	<input type="checkbox"/> Urinary symptoms		
<input type="checkbox"/> Mouth sores	<input type="checkbox"/> Other:		
Please let us 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.			
<input type="checkbox"/> Emotional and mental health	<input type="checkbox"/> Insurance	<input type="checkbox"/> School/work	<input type="checkbox"/> Other
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Memory or concentration loss	<input type="checkbox"/> Sexual Functioning	
<input type="checkbox"/> Fertility	<input type="checkbox"/> Parenting	<input type="checkbox"/> Stopping Smoking	
<input type="checkbox"/> Financial advice or assistance	<input type="checkbox"/> Physical functioning	<input type="checkbox"/> Weight changes	
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:			
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Physical activity	<input type="checkbox"/> Tobacco use/cessation	<input type="checkbox"/> Other
<input type="checkbox"/> Diet	<input type="checkbox"/> Sun screen use	<input type="checkbox"/> Weight management (loss/gain)	
Please note that it is important that you continue to see your primary care provider for your other health care needs throughout your treatment. When your treatment is done, we will give you a survivorship care plan that outlines what happens after treatment is over.			
Resources you may be interested in:			
• www.cancer.net			
• Other:			
Other comments:			
Prepared by:	Delivered on:		