Cancer Treatment Summary and Survivorship Care Plan

General Information	
Patient Name:	Patient DOB:
Patient Phone #:	Email:

Health Care Providers (Including names & institution)
Primary Care Provider:
Surgeon:
Radiation Oncologist:
Medical Oncologist:
Other Providers:

Treatment Summary	
Diagnosis	
Cancer Type/Location/Histology Subtype:	Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐Not applicable	

Treatment		
Surgery: ☐ Yes ☐ No	Surgery Date(s) (year):	
Surgical procedure/location/findings:		
Radiation ☐ Yes ☐ No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other) ☐ Yes ☐ No		

Names of Agents Used	End Dates (year)

Persistent symptoms or side effects at completion of treatment: □ No □ Yes (enter type(s)):

Familial Cancer Risk Assessment	
Genetic/hereditary risk factor(s) or predisposing conditions:	
Genetic counseling: □ Yes □ No	Genetic testing results:

Follow-up Care Plan		
Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No		
Additional Treatment Name	Planned Duration	Possible Side Effects

Schedule of clinical visits	
Coordinating Provider	When/Frequency

Cancer Surveillance or Other Recommended Related Tests	
Coordinating Provider	What/When/How Often

Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:

1. Anything that represents a brand new symptom;
2. Anything that represents a persistent symptom;
3. Anything you are worried about that might be related to the cancer coming back.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

Cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.

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

☐ Tobacco use/cessation ☐ Diet
☐ Alcohol use ☐ Sunscreen use
☐ Weight management (loss/gain) ☐ Physical activity

Resources you may be interested in:

Other comments:

Prepared by: Delivered on:

- This Survivorship Care Plan is a cancer treatment summary and follow-up plan is provided to you to keep with your health care records and to share with your primary care provider.
- This summary is a brief record of major aspects of your cancer treatment. You can share your copy with any of your doctors or nurses. However, this is not a detailed or comprehensive record of your care.

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