

Cancer Survivor's Treatment Record

Taking Care of Yourself for Life

This booklet helps you keep track of your medical history with:

- A summary of your cancer treatment.
- Guidelines for health monitoring that may reduce your chances of medical problems in the future.
- Suggestions for additional resources for information and assistance.

Name

Clinical trial name/# (if enrolled)

Clinical trial name/# (if enrolled)

Medical record number

General Health History Information

1. Name of disease you had: _____

2. Date of diagnosis (month/year): _____

3. Date all treatment was completed (month/year): _____

4. Date(s) of any relapses: _____

5. Place of treatment:

Institution _____

Address _____

Telephone number _____

6. The doctor and/or nurse practitioner most responsible for your care:

Name(s) _____

Telephone number _____

Radiation Therapy

Date	Area Treated	Total Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of treatment:

Institution _____

Address _____

Telephone number _____

Your radiation therapy was supervised by:

Dr. _____

Stem Cell Transplantation

Date and Types of Transplant(s):

Month/Year/Type _____

Month/Year/Type _____

Month/Year/Type _____

Transplant Chemotherapy

Drug Name	Total Dose	How Given: IV, by Mouth, Intrathecally
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complications After Treatment

These problems were complications you had after treatment:

Date	Complication
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Things To Do For Your Health

Today more people are cured of cancer than ever before. You can help yourself and anyone who gives you medical care by:

- Knowing about your disease and its treatment.
- Having checkups once a year, with a physical examination, blood count, urinalysis, and recommended tests.
- Learning the 10 steps to a healthier life and a reduced adult cancer risk suggested by the American Cancer Society.
- Making use of available resources for information and support.
- Keeping a copy of all your test results (MRI scan, echocardiogram, etc.) so they are available if needed for comparison.

Resources

Children's Oncology Group Follow-up Guidelines

www.survivorshipguidelines.org

Childhood Cancer Survivors: A Practical Guide to Your Future, 3rd edition (2012) by Keene, Hobbie, and Ruccione

Pediatric Oncology Center: Survivor Issues

www.ped-onc.org/survivors

Other Resources in Your Area

This Summary of Your Disease and Treatment was Prepared by:

Name _____

Date _____

Keep this copy for your records. Make copies as needed for your doctors or nurses. Contact the following person where you were treated whenever your medical condition or address changes, or if you have questions about your follow-up:

Name _____

Telephone number _____

