****

Affix patient label here

**Cancer Treatment Summary for NAME**

**Type of Cancer:**

**Date and details of diagnosis:**

**Stage:**

**Pathology findings and pathology service:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment** | **Type/findings** | **Doctor/Hospital/Dates** | **Changes to treatment / Complications (severity, action taken, duration, resolution)** |
| **Surgery** |  |  |  |
| **Chemotherapy** |  |  |  |
| **Hormonal treatment** |  |  |  |
| **Radiation therapy** |  |  |  |
| **Supportive and other services** |  |  |  |  |

*This is a brief record of the major aspects of your cancer treatment. This document is not intended to be a detailed or comprehensive record of your care. If however, you would like a more detailed account of your treatment please contact your cancer specialist.*

**Summary completed by: Date:**