ASCO 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
	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/How often

Cancer surveillance or other recommended related tests	
Coordinating Provider	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
- ☐ Physical Functioning
- ☐ Memory or concentration loss
- ☐ Other
- ☐ Fatigue
- ☐ Insurance
- ☐ Parenting
- ☐ Weight changes
- ☐ School/Work
- ☐ Fertility
- ☐ Stopping smoking
- ☐ Financial advice or assistance
- ☐ Sexual functioning

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
- ☐ Alcohol use
- ☐ Weight management (loss/gain)
- ☐ Diet
- ☐ Sun screen use
- ☐ Physical activity

Resources you may be interested in:

Other comments:

Prepared by:

Delivered on: