

[Insert Practice Name/Info Here]

The Treatment Summary is a brief record of major aspects of cancer treatment. This is not a complete patient history or comprehensive record of intended therapies.

**FOLLOW-UP AND SURVIVORSHIP CARE**

<b>Follow up care</b>	<b>When/How Often?</b>	<b>Coordinating Provider</b>
Medical oncology visits		
Lab tests		
Imaging		

**Potential late effects of treatment(s):**

**Call your doctor if you have any of these signs and symptoms:**

**Needs or concerns:**

- Prevention and wellness: \_\_\_\_\_
- Genetic risk: \_\_\_\_\_
- Emotional or mental health: \_\_\_\_\_
- Personal relationships: \_\_\_\_\_
- Fertility: \_\_\_\_\_
- Financial advice or assistance: \_\_\_\_\_
- Other: \_\_\_\_\_

**Referrals provided:**

- Dietician
- Smoking cessation counselor
- Physical therapist or exercise specialist
- Genetic counselor
- Psychiatrist
- Psychologist
- Social worker
- Fertility specialist or endocrinologist
- Other: \_\_\_\_\_

**Comments**