

Cancer Record Checklist

Your name Your birth date
Type of cancer Date of diagnosis.....
How was your cancer found? (check one) by you screening test Based on symptoms

Information about your type(s) of cancer treatment

Surgery

Date of surgery
Hospital \ surgeon
Type of surgery
.....
.....

Chemotherapy

First treatment

Drug name(s).....
Dates of treatment
side effects.....
results

Second treatment

drug name(s).....
dates of treatment
side effects.....
results

Radiation therapy

Hospital / doctor
Part of body treatments.....
Side effects
Results
.....
Name of medication
Dates started / stopped
Side effects

Other treatment

Type of treatment

Dates of treatment

Side effects

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Noncancer treatment medications you have taken or you are taking

Names

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Doses

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Complications

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Medical professionals who have participated in your care

Names and phone numbers.....

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Notes

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