

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.

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Name

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Clinical Trial Name (if enrolled)

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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 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 \_\_\_\_\_

## TRANSPLANT CHEMOTHERAPY

DRUG NAME	TOTAL DOSE	HOW GIVEN: IV, BY MOUTH, INTRATHECALLY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





## THINGS TO DO FOR YOUR HEALTH

You have an important responsibility 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.
- Staying in touch with the medical center or clinic where you were originally treated for cancer, at least once a year.
- 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, CT scan, etc.) so they are available if needed for comparison.

## RESOURCES

American Cancer Society  
1599 Clifton Rd. N.E.  
Atlanta, Georgia 30329  
(800) ACS-2345  
[www.cancer.org](http://www.cancer.org)

The Association of Cancer Online Resources, Inc.  
(ACOR)  
Offers a wide range of electronic discussion groups that provide information and support to patients, caregivers, and families.  
[www.acor.org](http://www.acor.org)

Canadian Cancer Society  
565 W. 10th Ave.  
Vancouver, BC V5Z 4J4  
(800) 663-2524  
[www.bc.cancer.ca](http://www.bc.cancer.ca)

Cancervive  
6500 Wilshire Blvd., Suite 500  
Los Angeles, CA 90048  
(310) 203-9232

Candlelighters Childhood Cancer Foundation  
3910 Warner St.  
Kensington, MD 20895  
(800) 366-2223  
[www.candlelighters.org](http://www.candlelighters.org)

National Cancer Institute  
Office of Cancer Information, Communication,  
and Education  
Building 31, Room 10A 10  
31 Center Dr. MSC 2580  
Bethesda, MD 20892  
(800) 4-CANCER  
[www.nci.nih.gov](http://www.nci.nih.gov)

The National Coalition for Cancer  
Survivorship  
1010 Wayne Ave., Suite 505  
Silver Spring, MD 20910  
(301) 650-9127  
[www.cansearch.org](http://www.cansearch.org)

## OTHER RESOURCES IN YOUR AREA

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### 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.

## **Childhood Cancer Guides**

*[www.childhoodcancerguides.org](http://www.childhoodcancerguides.org)*  
P.O. Box 361 Fairfax, Virginia 22101

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