

medical history

Why should I fill out another form?

1. It's important to keep your medical information in one place because, for one reason or another, you will find yourself referring back to your tumor information during treatment and for the next five years.
2. In the event that you see a new doctor (cancer specialist or not), they will most likely want to know about your cancer and your treatments. Keep it in this planner and you will have it at your fingertips.
3. Trust me. Over time you will develop a mental block and won't remember a darn thing about the details of your tumor(s). It's not early dementia. There is another name for it. I call it: "I Choose Not to Remember the Details." There is no cure for this type of memory loss because no one wants to remember. It's best to just write your cancer details in the planner.

SAMPLE

SAMPLE

your cancer history

date of diagnosis/biopsy _____

surgery

date	procedure
1. _____	_____
2. _____	_____
3. _____	_____

diagnosis/post-surgical procedure

type of tumor cell _____

size of tumor _____

nodes taken # nodes positive

stage/grade _____

other details _____

further tests

	date	Institution
bone	_____	_____
PET	_____	_____
CAT	_____	_____
MUGA	_____	_____
X-rays	_____	_____
MRI	_____	_____
other	_____	_____
	_____	_____
	_____	_____

treatment: chemotherapy, immunotherapy, radiation therapy, hormonal therapy

treatment	start date	end date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

health history at time of diagnosis

current medications _____

allergies _____

your cancer history

date of diagnosis/biopsy _____

surgery

date	procedure
1. _____	_____
2. _____	_____
3. _____	_____

diagnosis/post-surgical procedure

type of tumor cell _____

size of tumor _____

nodes taken # nodes positive

stage/grade _____

other details _____

further tests

	date	Institution
bone	_____	_____
PET	_____	_____
CAT	_____	_____
MUGA	_____	_____
X-rays	_____	_____
MRI	_____	_____
other	_____	_____
	_____	_____
	_____	_____

treatment: chemotherapy, immunotherapy, radiation therapy, hormonal therapy

treatment	start date	end date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

health history at time of diagnosis

current medications _____

allergies _____



doctor's name	date
notes & test results	



doctor's name	date
notes & test results	



doctor's name	date
notes & test results	

doctor's name	date
notes & test results	

doctor's name	date
notes & test results	

doctor's name	date
notes & test results	