

## KNOW THE FACTS

Your cure was the beginning of your life as a survivor. To stay as healthy as possible in the years ahead, know the facts about the side effects and issues that may result from your disease and its treatment.

## 5 THINGS TO DO

1. Get your cancer treatment records.
2. Have follow-up care for life.
3. Share your cancer history with other health care providers.
4. Make wellness a priority.
5. Get help if you need it.

## WEB RESOURCES

- [www.cancer.org](http://www.cancer.org)
- [www.cancer.gov](http://www.cancer.gov)
- [www.livestrong.org](http://www.livestrong.org)
- [www.planetcancer.org](http://www.planetcancer.org)
- [www.outlook-life.org](http://www.outlook-life.org)
- [www.survivoralert.org](http://www.survivoralert.org)

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**MAKE THE MOST  
OF THE LIFE  
YOU'VE WON!**



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## YOUR CANCER TREATMENT SUMMARY

To make the most of your life as a survivor, know the facts about your disease and its treatment. Get your complete treatment records and keep them in a safe place. Then complete the summary below and keep it handy. Share it with all your health care providers.

Name/phone: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Age at diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Treatment facility/phone: \_\_\_\_\_

Your oncologist/phone: \_\_\_\_\_

Date of first treatment: \_\_\_\_\_

Date of last treatment: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Radiation dose: \_\_\_\_\_

Chemotherapy dose: \_\_\_\_\_

Clinical trial protocol number: \_\_\_\_\_

Complications/side effects/secondary cancers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type/date of bone marrow transplant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of relapse(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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