



Medical History Summary

Basic Information

Full Name _____ Date of Birth _____

Blood Type (if known) _____

Primary Diagnosis _____

Date of Cancer Diagnosis _____

Cancer Type & Stage _____

Treatment History

SURGERIES (related to cancer and major past procedures) _____

Type of surgery _____

Date _____

Hospital/Surgeon _____

Notes or complications _____

CHEMOTHERAPY _____

Drug names _____

Start & end dates _____

Treatment location _____

Side effects experienced _____

RADIATION THERAPY _____

Area of body treated _____

Start & end dates _____

Notes _____

IMMUNOTHERAPY/TARGETED THERAPY (if applicable)

Drug names _____

Dates _____

Notes _____