



## 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 \_\_\_\_\_