LUNG CANCER SURVIVORSHIP CARE PLAN

Use this to document important information regarding your medical care. Make copies and update it as your condition changes. NOTE: This is not meant to replace your permanent medical records.

YOUR DIAGNOSIS

LUNG CANCER / SUBTYPE / LOCATION	
STAGE / GRADE	
DIAGNOSIS DATE (YEAR)	
FAMILY HISTORY OF CANCER 🗅 YES 🗅 NO	
GENETIC MARKERS OR BIOMARKERS (if any)	

YOUR TREATMENT RECORD

DRUG THERAPY: 🖵 YES	🗖 NO
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TYPE (chemotherapy, immunotherapy, molecular therapy, targeted therapy)	DRUG	HOW GIVEN	DOSE	HOW OFTEN	START AND/OR END DATES

RADIATION THERAPY: YES NO

TYPE (brachytherapy, external-beam radiation therapy, proton therapy, systemic radiation therapy)	BODY AREA TREATED	HOW OFTEN	START AND/OR END DATES

SURGERY: YES NO

TYPE OF PROCEDURE	BODY AREA TREATED	DATE

YOUR TREATMENT TEAM

NAME	TITLE	CONTACT INFORMATION

Symptoms or late effects that have continued or occurred after the end of treatment:

Anemia (low red blood cell count)

Changes in appetite

Cognitive dysfunction ("chemo brain")

Depression
Fatigue
Heart issues
Lymphedema (fluid buildup and swelling)

 Neuropathy (tingling, numbness or pain in hands/feet)
 Neutropenia (low white blood cell count)
 Pain Sexual difficulties

Skin problems

Stress or anxiety

Uveight gain or loss

Other: _

For additional copies of this form, go to PatientResource.com/LungSurvivorPlan