

Treatment Summary

Please take this document with you to your GP practice appointment where your diagnosis and cancer care will be reviewed with you.

Please complete this form using BLOCK CAPITALS and black ink.

Patient's name:	GP contact details:
Date of birth:	Record number:
Address:	Hospital trust:

Your patient has had the following diagnosis and treatment for cancer and received a summary and ongoing management plan as outlined below. They have/have not received a copy of this summary. (Delete as applicable)

Diagnosis:	Date of diagnosis:	Staging:
Summary of treatment and relevant dates:		Treatment aim:
Possible treatment toxicities and/or late effects:		Advise entry onto primary care palliative/supportive care register: Ye /No/Not yet recommended DS 1500 application completed Yes/No/Not yet recommended Prescription charge exemption agreed: Yes/No/Not yet recommended
Alert symptoms that require referral back to specialist team:		Contacts for re referrals or queries: In hours: Out of hours:
Secondary care ongoing management plan: (tests, appointments etc)		Other service referrals made: (delete or add) District nurse AHP Social worker Dietician Clinical Nurse Specialist Psychologist Benefits/advice Service Other
Recommended GP actions in addition to GP Cancer Care Review:		
Summary of information given to the patient about their cancer and future progress:	Additional information including issues relating to lifestyle and support needs:	

Completing Clinician:	Signature:	Date:
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