

Long-Term Follow-Up of Breast Cancer Survivors: Breast Cancer Treatment Summary

Patient's name:	Hx#	Hx#	
DOB:			
Date of diagnosis:	Type of breast cancer	Type of breast cancer: Date performed:	
Type of surgery:	Date performed:		
Pathology:Tumo	or diameter (invasive comp	onent):Grade: 1 2 3	
ER:% positive PR	R:% positive	Her2neu: + ++ +++	
Sentinel node status: neg pos To	tal axillary nodes resected:	: Total pos:	
Chemotherapy: Drug given	# of cycles	Period of time given:	
Drug given	# of cycles	Period of time given:	
Drug given			
Drug given	# of cycles	Period of time given:	
Radiation: Yes No If yes: external bear Period of time given	um partial breast full br		
Targeted therapy: Drug given:	# of cycles	Period of time given:	
Hormonal therapy: yes no			
Drug given:		-	
Drug given:	Start date:	_ Stop date:	
Drug given:	Start date:	_ Stop date:	
Other drug therapies:			
Recurrence: local distant Where?		_ When?	
Other pertinent information:			
Name of breast surgeon:Address:		Contact #:	
Name of medical oncologist:Address:		Contact #:	
Name of radiation oncologist:	Con	tact #:	

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