



ACT Eden Monaro's own.

Cancer Patient Treatment Plan Form

To be completed by Patient's GP, Specialist or Social Worker

The below information will be used by The Cancer Support Group to confirm the diagnosis of the cancer patient listed and the period that they will require assistance.

All information will be kept securely as per our Privacy Policy and will not be passed on without the express permission of the cancer patients or their authorised representative.

Name of cancer patient

Gender

DOB

Address

Phone

Mobile

Date of Diagnosis

Cancer Diagnosis

Treatment Plan

Intravenous Chemotherapy

Radiation Treatment

Immunotherapy

Targeted Therapy

Hormone Therapy

Stem Cell Transplant

Estimated time period for treatment

Will the cancer patient be able to work during this period? Please detail the estimated period that they will be unable to work or perform normal duties.

Please detail any other information which is relevant to their Treatment Plan

Name

Position/Role

Hospital or Medical Centre

Phone

Email

Stamp

Signature

Please send completed form to The Cancer Support Group ACT Eden Monaro's Own

Post: PO Box 1351, QUEANBEYAN NSW 2620

Email: admin@thecancersupportgroup.org.au

Fax: (02) 6297 1878

In Person: 21 Cooma Street, Queanbeyan

Phone: (02) 6297 1261