

Date: [Date]

RE: Patient Handoff / Treatment Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

1. Provider Information

Referring Oncologist: [Name, Title]

Facility/Department: [Hospital/Clinic Name]

Contact Information: [Phone/Email]

Receiving Provider: [Name, Title]

Facility/Department: [Hospital/Clinic Name]

2. Diagnosis & Staging

Primary Diagnosis: [Type of Cancer and Histology]

Date of Initial Diagnosis: [Date]

Anatomic Site: [Location]

Stage at Diagnosis: [e.g., TNM Stage / Grade]

Molecular/Genetic Markers: [e.g., BRCA, EGFR, PD-L1 status]

3. Treatment History Summary

Surgery:

- [Procedure Name], [Date]
- Findings/Margins: [Details]

Systemic Therapy (Chemotherapy/Immunotherapy/Hormonal):

- Regimen: [Drug Names]
- Cycles Completed: [Number] of [Total]
- Last Dose Date: [Date]
- Response: [e.g., Complete Remission, Partial Response, Stable]

Radiation Therapy:

- Target Area: [Location]
- Total Dose/Fractionation: [e.g., 50Gy in 25 fractions]
- Completion Date: [Date]

4. Current Status & Active Issues

Current Symptoms: [List active symptoms or side effects]

Comorbidities: [Relevant non-cancer medical history]

Recent Lab/Imaging Results: [Summary of most recent scans/bloodwork]

5. Future Care Plan & Recommendations

Next Scheduled Treatment: [Date and Procedure/Medication]

Surveillance Schedule: [e.g., CT scans every 6 months, Lab work monthly]

Maintenance Therapy: [Medication and Duration]

Key Concerns/Red Flags: [Specific symptoms the receiving provider should monitor]

6. Medication List

[List all current medications, dosages, and frequencies]

Signature:

[Physician Name/Digital Signature]