



MY LUNG CANCER CARE PLAN



MANAGE DIAGNOSIS | TRACK TREATMENTS & APPOINTMENTS | MONITOR SYMPTOMS



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Patient name: _____

Primary care physician: _____

As applicable:

Medical oncologist: _____

Radiation oncologist: _____

Thoracic surgeon: _____

Date diagnosed: _____

Contact: _____

Contact: _____

Contact: _____

Contact: _____

PATIENT HEALTH INFORMATION

Lung cancer type:

Small cell lung cancer (SCLC)

.....
 Non-small cell lung cancer (NSCLC)

Adenocarcinoma

*Molecular or genetic biomarkers present:
(fill in) _____*

Large cell

Squamous

*Molecular or genetic biomarkers present:
(fill in) _____*

Stage:

Limited stage

Extensive stage

.....
 IA

IIIA

IB

IIIB

IIA

IV

IIB

Other medical conditions:

Known allergies:

TREATMENT PLAN

Recommended treatment:

Surgery

Radiation

Chemotherapy

Targeted therapy

Clinical trial recommended? *(see page 4)*

Notes: _____

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SURGERY

Date scheduled: _____

Location: _____

Type: Wedge resection Lobectomy

Segmentectomy Pneumonectomy

Pre-surgery instructions:

Post-surgery instructions:

Surgery notes:

RADIATION THERAPY

Start date: _____

End date: _____

Where to go: _____

Where to go: _____

Type: _____

Location in body: _____

Purpose:

Side effects to watch for:

Radiation therapy notes:



CHEMOTHERAPY

Start date: _____ How often: _____

Where to go: _____ Treatment contact: _____

Chemotherapy regimen:

Drug:	Administered: (IV or pill)	Dose:	Treatment schedule:

Side effects to watch for:

Chemotherapy notes:

TARGETED THERAPY

Start date: _____ Treatment contact: _____

Where to go (if applicable): _____

Drug:	Administered: (IV or pill)	Dose:	Treatment schedule:

Side effects to watch for:

Targeted therapy notes:



CLINICAL TRIALS

Clinical trial contact: _____

Study name & number: _____ Where to go: _____

Drugs involved: _____

What is being tested?

Clinical trial notes:

ADDITIONAL CARE

Treatment:	How administered?	Dose (if applicable):	Treatment schedule	Purpose:
Example: Treatment XYZ	Orally	10 mg	Twice daily	Anti-nausea

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ADDITIONAL ASSISTANCE REQUESTED

- Smoking cessation
- Respiratory health
- Exercise/physical therapy
- Sexual health
- Relationship counseling
- Financial advice/assistance
- Employee rights

- Pain management
- Nutritional assistance
- Emotional/mental health
- Fertility consultation
- Complimentary therapy
- Insurance assistance
- Other: _____

GENERAL NOTES



GENERAL NOTES, CONTINUED

we are
FREE TO BREATHE



We are a partnership of lung cancer survivors, advocates, researchers, healthcare providers and industry leaders.

We are united in the belief that every person with lung cancer deserves a cure.



FOR ADDITIONAL PATIENT RESOURCES
please visit freetobreathe.org