

MASTER COPY OF FORMS

Make copies of these forms and

insert in your

Wellness Book

as needed

If you would like a softcopy of these forms
or our pamphlet

Diagnosis: Brain Tumor - You Are NOT Alone

Please send a request by e-mail to
sshrodo@prodigy.net

My Brain Tumor Fact Sheet

Diagnosing Doctor: _____

Presenting symptoms: _____

Tumor Type: _____

Tumor Grade: _____ Size: _____

Location of Tumor: _____

Treatment Plan: _____

Notes: _____

My Questions for Healthcare Professionals

Question for _____.

Answer: _____

Question for _____.

Answer: _____

Surgical Notes

Date Surgery performed: ___/___/___

Hospital: _____

Surgeon: _____

Pre-Surgical Medication: _____

Post-Surgical Medication: _____

Complications, if any: _____

Percentage of tumor removed: _____ %

Surgeon's comments: _____

Release Date: ___/___/___

Chemotherapy Schedule

Neuro oncologist: _____

Type of chemotherapy: _____

Dosage: _____

Date started: ___/___/___

How administered: _____

Length of cycle: _____

Possible side effects: _____

Side effects to report immediately: _____

Side effects you experience: _____

Things to avoid during treatment: _____

Oncologist's comments: _____

Date completed: ___/___/___

Radiation Schedule

Date Radiation started: ___/___/___

Where administered: _____

Radiation oncologist: _____

Type of radiation: _____

Number of cycles _____

Possible side effects: _____

Side effects you experience: _____

Oncologist's comments: _____

Notes: _____

Date completed: ___/___/___