Medical Care Record

Medical visits

Type of visit/date	Provider's name	Reason for visit

Tests, procedures, and related lab reports (such as CT scans, MRIs, blood counts)

Test or procedure	Date/time	Results	Notes

Treatments (include names and amounts of chemotherapy given, as well as doses and area(s) treated with radiation therapy, for example)

Treatment(s)	Date/time	Side effects	Notes

Medicine

Medicine(s) and dose	Date/time	Side effects	Notes

Other supportive or complementary care received

Type of care received	Date/time	Notes about the care