

# Treatment Checklist



Keep track of your loved one’s treatments with this treatment checklist. This can help you both stay more organized and help take the burden of medication management off your plate. Bring this list to your loved one’s medical appointment to use as a quick reference guide.

Treatment Type*	Prescribing Doctor	Medication Name	Dosage	When Taken	Prescribing Instructions	Notes
EXAMPLE Hormone Therapy	Dr. Smith	Drug Name	22.5 mg	every 3 months	One injection every 3 months	May cause hot flashes and fatigue

\*Examples of treatment type: chemotherapy, radiation therapy, immuotherapy, hormone therapy, targeted therapy

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