

#### Patient Information

Name: [PERSON]

Date of Birth: [DATE]

SSN: [SSN]

Address: [ADDRESS]

Contact Number: [PHONENUMBER]

Email: [EMAILADDRESS]

Employer: Seattle Center

Primary Care Physician: [PERSON]

#### Medical History

Past Medical History: None

Family Medical History: Father with prostate cancer, mother with breast cancer

Allergies: Penicillin

Medications: Lisinopril, Atorvastatin, Aspirin

#### Leukemia Diagnosis

Date of Diagnosis: [DATE]

Type of Leukemia: Acute Lymphoblastic Leukemia (ALL)

Symptoms at Diagnosis: Fatigue, bruising, bleeding, fever

Diagnostic Tests: Complete blood count (CBC), bone marrow aspiration and biopsy, cytogenetics, flow cytometry

#### Treatment Plan

Chemotherapy: Hyper-CVAD regimen

Radiation Therapy: None

Stem Cell Transplant: Not indicated at this time

Maintenance Therapy: Oral chemotherapy (6-mercaptopurine and methotrexate) and corticosteroids (dexamethasone)

#### Treatment Response

Remission Status: In remission since [DATE]

Adverse Effects: Nausea, vomiting, hair loss, neutropenia

#### Follow-up

Last Follow-up: [DATE]

Next Follow-up: [DATE]

Imaging Studies: None

Laboratory Tests: Complete blood count (CBC), comprehensive metabolic panel (CMP)