Health info:

* First Name
* Last Name
* Gender
* NHI number
* DOB
* BSA at diagnosis??? Body surface area
* GP details
* Existing allergies of October 2015
* Other
* Phone
* Oncologist
* AYA key worker

Diagnosis info

* Diagnosis
* Date Diagnosed
* Treatment
* Remission

Medication (list)

* Name
* Cumulative Dosage
* Dosage

Appointments

* Type
* Date
* ?????