

# Chemotherapy Treatment Consent Document

This document provides information about chemotherapy treatment, including its purposes, procedures, benefits, risks, possible side effects, and alternatives. Please read it carefully and ask your healthcare provider if you have any questions.

## Purpose of Chemotherapy

Chemotherapy uses drugs to destroy cancer cells, stop their growth, or slow their spread. Your treatment plan and medication(s) have been specifically chosen for your condition.

## Procedures

You may receive chemotherapy orally, intravenously, or by other methods recommended by your healthcare provider. The schedule and duration of the treatment will be provided to you.

## Benefits

- Slowing or stopping the growth of cancer cells.
- Shrinking tumors before surgery or radiation.
- Reducing cancer symptoms.
- Possibly curing some types of cancer.

## Risks and Side Effects

Common side effects may include:

- Nausea and vomiting
- Hair loss
- Fatigue
- Increased risk of infections
- Loss of appetite
- Anemia or low blood counts

Other side effects and rare complications are possible. If you experience severe reactions, contact your healthcare provider immediately.

## Alternatives

Alternatives may include surgery, radiation, targeted therapy, immunotherapy, or palliative care. Discuss with your doctor to understand which options may be suitable in your case.

## Consent

By signing below, I acknowledge that:

- I have read and fully understand the information above.
- I have had the opportunity to ask questions, and my questions have been answered.
- I understand the risks, side effects, benefits, and alternatives.

- I voluntarily consent to receive chemotherapy treatment as recommended by my healthcare provider.

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Patient Name	Date
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Physician Name	Date
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