

**AN EXAMPLE OF A SURVIVOR'S FOLLOW-UP PLAN**

1. Patient name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_
2. Hospitals where treated and Medical record numbers: \_\_\_\_\_  
\_\_\_\_\_
3. Diagnosis (date \_\_\_\_\_): Type of cancer \_\_\_\_\_  
Pathology and grade \_\_\_\_\_
4. Doctors involved in care:  
Oncologist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Primary Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Consultant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Consultant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
5. Brief History: Clinical evaluation: \_\_\_\_\_  
\_\_\_\_\_
6. CAT, MRI, X-rays: (dates) \_\_\_\_\_  
\_\_\_\_\_
7. Treatment: Surgery report (date \_\_\_\_\_): \_\_\_\_\_  
Radiation therapy: report (date \_\_\_\_\_): Type: \_\_\_\_\_  
Dose: \_\_\_\_\_  
X-ray field: \_\_\_\_\_  
Where performed: \_\_\_\_\_
8. Chemotherapy and/or immunotherapy report (date \_\_\_\_\_):  
Protocol: \_\_\_\_\_  
Drugs: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
  
Protocol: \_\_\_\_\_  
Drugs: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Frequency: \_\_\_\_\_
9. Potential short- and long-term side-effects of therapy and cancer side effects:  
\_\_\_\_\_  
\_\_\_\_\_

10. Suggested follow-up post-treatment plans for potential second malignancies or recurrence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Follow-up recommendations for the next 10 to 20 plus years:

Intervals for follow-up doctor visits: \_\_\_\_\_

Tests needed (a plan): \_\_\_\_\_

\_\_\_\_\_

Co-morbidities (heart, lung, stroke, diabetes, osteoporosis) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Symptoms of a new, secondary, or cancer recurrence:

- pain
- fatigue
- loss of appetite/weight loss
- a new lump
- bleeding
- nausea
- vomiting
- cough

Resources for supportive care for:

- group or family support \_\_\_\_\_
  - occupational therapy/physical therapy \_\_\_\_\_
  - home care \_\_\_\_\_
  - psychosocial support for survivors \_\_\_\_\_
  - physical care (pain, nutrition, fatigue, or sexual dysfunction) \_\_\_\_\_
- \_\_\_\_\_

Important information for a survivor's files:

- Information on insurance, employment protection and community resources
- Medical reports from MD, x-rays and scans, laboratory reports of vital information
- Genetic Counseling
- Copies of cancer survivorship care plan, history, laboratory results and x-rays and scans
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Additional information:

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