

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: _____

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Drugs: _____
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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:

