SURVIVORSHIP CARE SUMMARY

Use this to document important information regarding your medical care. Make copies and update it as your condition changes. NOTE: This is not meant to replace your permanent medical records.

YOUR DIAGNOSIS

CANCER TYPE / SUBTYPE / LOCATION	
STAGE / GRADE	
DIAGNOSIS DATE (YEAR)	
FAMILY HISTORY OF CANCER ❑ YES ❑ NO	
GENETIC MARKERS OR BIOMARKERS (if any)	

YOUR TREATMENT RECORD

DRUG THERAPY: ❑ YES ❑ NO

TYPE *(chemotherapy, hormone therapy, immunotherapy, targeted therapy)*	DRUG	HOW GIVEN	DOSE	HOW OFTEN	START AND/OR END DATES

RADIATION THERAPY: ❑ YES ❑ NO

TYPE *(brachytherapy, external-beam radiation therapy, systemic radiation therapy)*	BODY AREA TREATED	HOW OFTEN	START AND/OR END DATES

SURGERY: ❑ YES ❑ NO

TYPE OF PROCEDURE	BODY AREA TREATED	DATE

YOUR TREATMENT TEAM

NAME	TITLE	CONTACT INFORMATION

Symptoms or late effects that have continued or occurred after the end of treatment:

- ❑ Anemia *(low red blood cell count)*
- ❑ Changes in appetite
- ❑ Cognitive dysfunction *("chemo brain")*
- ❑ Depression
- ❑ Other: _____
- ❑ Fatigue
- ❑ Heart issues
- ❑ Lymphedema *(fluid buildup and swelling)*
- ❑ Menopausal symptoms
- ❑ Neuropathy *(tingling, numbness or pain in hands/feet)*
- ❑ Neutropenia *(low white blood cell count)*
- ❑ Pain
- ❑ Sexual difficulties
- ❑ Skin problems
- ❑ Stress or anxiety
- ❑ Weight gain or loss

For additional copies of this form, go to **PatientResource.com/SurvivorshipPlan**

FOLLOW-UP CARE PLAN

Even though you have completed your primary treatment, there are still many steps to take to continue to monitor your health. These steps are part of your follow-up care plan. Like treatment plans, follow-up care plans vary and change over time. Your doctor designed your follow-up care plan using the specific details of your diagnosis and treatment. Use the grid below to record your progress as you follow your plan.

DATE/TIME	REASON FOR APPOINTMENT	PHYSICIAN	LOCATION

You may continue with "maintenance" cancer therapy. If this is part of your follow-up plan, use the grid below to track how you're managing it.

TREATMENT TYPE	REASON	REGIMEN

Continued visits with your primary care physician are critical components of both your general health and post-treatment care. Talk to your doctor if you experience any of the following:

- A new symptom
- A symptom that does not go away or becomes worse
- A symptom that may be related to the return of cancer

Make a list of symptoms that will require you to call your doctor immediately: _____

_____

_____

Make note of the late effects or long-term effects associated with your particular diagnosis/treatment: _____

_____

_____

Consider any concerns you may have as you transition into survivorship, and discuss them with your health care team.

- ❑ Chronic pain
- ❑ Emotional health
- ❑ Fatigue
- ❑ Fertility
- ❑ Financial assistance
- ❑ Insurance
- ❑ Memory problems/confusion
- ❑ Nutrition and weight changes
- ❑ Parenting skills
- ❑ Physical and muscle control
- ❑ Returning to school
- ❑ Sexual health
- ❑ Stopping smoking
- ❑ Transitioning back to work
- ❑ Other: _____

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