# SURVIVORSHIP DIAGNOSIS 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 (if any) | |

## YOUR TREATMENT RECORD

SURGERY: ❑ YES ❑ NO

| TYPE OF PROCEDURE | BODY AREA TREATED | DATE |
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RADIATION THERAPY: ❑ YES ❑ NO

| TYPE *(brachytherapy, external-beam radiation therapy, systemic radiation therapy)* | BODY AREA TREATED | HOW OFTEN | START AND/OR END DATES |
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DRUG THERAPY: ❑ YES ❑ NO

| TYPE *(chemotherapy, hormone therapy, immunotherapy, targeted therapy)* | DRUG | ORAL/IV | DOSE | HOW OFTEN | START AND/OR END DATES |
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## YOUR TREATMENT TEAM

| NAME | TITLE | CONTACT INFORMATION |
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***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
- ❑ 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
- ❑ Other: _____

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

# 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.

| CONSULTATION TYPE | APPOINTMENT DATE/TIME | WHEN TO SCHEDULE | PHYSICIAN | LOCATION |
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You may continue with "maintenance" cancer therapy. If this is part of your follow-up plan, use the grid below to manage it.

| TREATMENT TYPE | REASON | REGIMEN |
|---|---|---|
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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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