



Cancer Survivorship After-Care Plan

**produced by
Gilda's Club South Jersey Advocacy Networking Group**

This document was designed by the Gilda's Club South Jersey Advocacy Networking Group in late 2009. It is an informal medical record to be completed by cancer care professionals and/or the survivor during and at the completion of cancer treatment. This compilation of treatment, possible long-term side effects, screening recommendations and suggested follow up care is to be shared with the survivor's primary care physician, specialists, and family members. It is the intention of the Advocates to empower cancer survivors with the knowledge about the care they have received as well as to help them make informed decisions about their after-care and health maintenance.

Cancer Survivorship After-Care Plan

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|-------------------------|-------------------------------------------|------------------------------------------------------------|------------------------------------|
| | Date: | | |
| 1. | PATIENT NAME: | | Date of Birth: |
| | Address: | | |
| | Telephone: | | |
| 2. | Original Diagnosis Date: | Type of Cancer: | |
| | Age at Diagnosis: | | |
| | Pathology: Grade: Stage: | Hormone Receptors: | Tumor Markers: |
| | Met: | | |
| 3. | <u>CHEMOTHERAPY</u> | | Date First Treatment: |
| | | | Date Last Treatment: |
| | Medical Oncologist: | Address: | Telephone: |
| | Protocol: | | |
| | Name of Drug: | | How given (i.e. I.V., oral) |
| | Dosage: | # Treatments/Completed | Frequency: |
| | Cumulative Dose: | | |
| | Response to treatment: | | |
| | Complications: | | |
| | Anti-nausea medications: | Allergic Reactions: | Toxicities: |
| | Port Surgeon: | Date/location of port placement: Catalog/Lot #: | Complications |
| | Name of Drug: | | How given (i.e. I.V., oral) |
| Dosage: | Number of Treatments: | Frequency: | |
| Cumulative Dose: | | | |
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| Dosage: | Number of Treatments: | Frequency: | |
| Cumulative Dose: | | | |

*List additional drugs on a separate sheet.

| | | | |
|-----|---------------------------------------------------------|------------------------------|-------------------------|
| 4. | <u>CLINICAL TRIALS</u> <u>Sponsor:</u> | Date: | Facility: |
| 5. | <u>RADIATION</u> | Date of First Treatment: | Date of Last Treatment: |
| | Facility: | Address: | Telephone: |
| | Radiation Oncologist: | # Treatments/completed: | Cumulative Dose: |
| | X-ray field/Area of radiation: | Delivery Type: | |
| | Response to treatment: | | |
| | Complications: | Treatment for Complications: | |
| 6. | <u>CANCER RELATED SURGERIES</u> Type: | Date: | Facility: |
| 7. | <u>BLOOD TRANSFUSIONS/BLOOD PRODUCTS</u> | Date: | Facility: |
| | HepC/HIV test | Results: | |
| 8. | <u>BONE MARROW/STEM CELL</u> | Date: | Facility: |
| 9. | <u>GENE THERAPY</u> | Date: | Facility: |
| 10. | <u>HORMONAL THERAPY</u> | Date: | Facility: |

| 11. | <u>POTENTIAL POST TREATMENT LONGTERM SIDE-EFFECTS</u> | | | | | | | | | | | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|-----------|-------------------------|--|-------------|--|-----------------------|--|---------|--|
| 12. | <u>SCREENING RECOMMENDATIONS</u> | | | | | | | | | | | | |
| 13. | Genetic Counseling for Relatives: | | | | | | | | | | | | |
| 14. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>FOLLOW UP APPOINTMENTS</u></th> </tr> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">FREQUENCY</th> </tr> </thead> <tbody> <tr> <td>Primary Care Physician:</td> <td></td> </tr> <tr> <td>Oncologist:</td> <td></td> </tr> <tr> <td>Radiation Oncologist:</td> <td></td> </tr> <tr> <td>Surgeon</td> <td></td> </tr> </tbody> </table> | <u>FOLLOW UP APPOINTMENTS</u> | | | FREQUENCY | Primary Care Physician: | | Oncologist: | | Radiation Oncologist: | | Surgeon | |
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| Primary Care Physician: | | | | | | | | | | | | | |
| Oncologist: | | | | | | | | | | | | | |
| Radiation Oncologist: | | | | | | | | | | | | | |
| Surgeon | | | | | | | | | | | | | |
| 15. | <p style="text-align: center;"><u>COORDINATOR OF FOLLOW-CARE</u></p> <p>Contact person:</p> | | | | | | | | | | | | |
| 16. | Symptoms to report to the doctor: | | | | | | | | | | | | |
| 17. | Family cancer history and age at diagnosis: | | | | | | | | | | | | |

