Cancer History

Diagnosis Date:
Diagnosis:
Stage:

Surgery (date, description, laterality, surgeon):

Chemotherapy and Immunotherapy (chemo regimen, drug name(s), start date, finish date):

Radiation Therapy (location, start date, finish date, delivered dose):

Hormone Therapy (drug, start date, current status):

ONCOLOGY FOLLOW UP PLAN
Follow up testing (per service)

Visit Schedule

☐ Survivorship NP
☐ Every 6 months
☐ Every 12 months
☐ Other

☐ Surgeon
☐ Every 6 months
☐ Every 12 months
☐ Other

☐ Medical Oncology
☐ Every 6 months
☐ Every 12 months
☐ Other

☐ Radiation Oncology
☐ Every 6 months
☐ Every 12 months
☐ Other
Screening Recommendations

☐ Colorectal:
☐ Colonoscopy every 10 years
☐ Colonoscopy per gastroenterologist (pts with polyps or fam hx)
☐ Other

☐ Prostate:
☐ Screening per guidelines by age and PSA results
☐ Other

☐ Breast:
☐ Annual Mammogram
☐ Annual MRI
☐ Other

☐ Cervical:
☐ Annual Pap Smear
☐ Pap smear every 2-3 years
☐ Pap smear and HPV-DNA test
☐ Other

☐ Eligible for Lung Cancer Screening:
☐ Yes
☐ No
Counseling

- Recommended a goal of 30 minutes of vigorous exercise 5x/week
- Maintain heart healthy diet
- Maintain healthy body weight
- Annual influenza vaccine
- Pneumococcal vaccination
- Avoid sun, use sunscreen regularly
- Perform regular self breast exam
- Smoking cessation counseling
- Remain tobacco free
- Limit alcohol intake to less than 5 drinks per week
- Bone health maintenance with calcium and vitamin D
- Osteoporosis screening
SUMMARY OF CANCER TREATMENT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Cancer Diagnosis #1:</td>
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<tr>
<td>Treatment center:</td>
<td></td>
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<tr>
<td>Date of diagnosis:</td>
<td>Age at Diagnosis:</td>
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<tr>
<td>Date of completion of therapy:</td>
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**Radiation Therapy**

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<thead>
<tr>
<th>Date Start</th>
<th>Date Stop</th>
<th>Field</th>
<th>Dose (cGy)</th>
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**Chemotherapy:**

| | |
| | |

**Cancer Diagnosis #2:**

| Treatment center: | |
| Date of diagnosis: | Age at diagnosis: |

**Surgery**

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<th>Date</th>
<th>Procedure</th>
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**Cancer Diagnosis is #3:**

| Treatment center: | |
| Date of diagnosis: | Age at diagnosis: |

**Surgery**

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<th>Procedure</th>
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**Potential Late Effects**

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<tr>
<th>Screening Recommendations**</th>
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**Screening recommendations adapted from The CureSearch Children’s Oncology Group Long-Term Follow-Up Guidelines [http://www.survivorshipguidelines.org](http://www.survivorshipguidelines.org).**

**For any questions, please contact:**

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