



# My Care Plan

This Survivorship Care Plan will help you manage your health care after treatment for cancer. Fill in the *General Information* and *Self-Assessment* to the best of your abilities. Then, work with your oncology provider to fill in the *Treatment Summary* and *Follow-up Care* sections. Be sure to visit the Journey Forward Survivorship Library ([JourneyForward.org/Library](http://JourneyForward.org/Library)) to view and print factsheets related to your cancer, symptoms and ongoing needs, and keep these with your Care Plan. When your Plan is complete, make an appointment to review it with your primary care provider. Keep your Plan handy when talking with healthcare providers over time.

**Reviewed with my oncologist**

**Reviewed with my primary care provider**

## General Information

Last updated

Your name

Your date of birth

### YOUR CARE TEAM

Support contact

Primary care provider

Hematologist/oncologist

Surgeon

Radiation oncologist

OB-GYN ♀

Nurse/nurse practitioner

Mental health/social worker

### NAME & CONTACT INFORMATION

## Self-Assessment

Check any symptoms you are experiencing. **Discuss symptom management and treatments with a healthcare professional.**

Abdominal pain	Pain or problems with eating
Changes in appetite	Pain with urination
Chest pain	Painful eyes
Chronic constipation	Pins and needles or numbness
Chronic diarrhea	Recurrent colds/coughs/infections
Cough or wheezing	Relationship problems
Decreased exercise ability	Sexual dysfunction/lack of desire
Dental problems	Shortness of breath
Difficulty breathing	Skin changes, rashes, lumps or bumps
Dizziness	Sleep-wake disturbances
Dry mouth	Slurred speech
Easy bruising or bleeding	Swelling of arm or leg
Fatigue	Swollen lymph nodes
Fertility concerns	Urinary incontinence
Fever and sweats	Vision problems
General weakness	Weight gain or overweight
Hair loss	Weight loss or loss of appetite
Hearing loss	
Heartburn/indigestion	♀ WOMEN ONLY
Hot flashes/night sweats	Abnormal vaginal bleeding
Irregular heartbeat/palpitations	Irregular menses (periods)
Jaundice (yellowing of skin or eyes)	Vaginal discharge
Joint pain or muscle aches	Vaginal dryness
Leg pain with exertion	Painful intercourse
Memory/concentration issues	Premature menopause
Negative body image	
New/changed moles or freckles	♂ MEN ONLY
Numbness/weakness on one side	Erectile dysfunction

SYMPTOM	0	1	2	3	4	5	6	7	8	9	10
Pain											
Anxiety/worry											
Fear of recurrence											
Depression/sadness											

## Treatment Summary

This is a summary of your diagnosis and treatment. Most of this information can be found in your pathology report, operative report, and chemotherapy and radiation treatment summaries. **Please consult with your oncology provider.**

Diagnosis date

Type of cancer

Location of cancer

Pathologic stage

TNM staging

*T*

*N*

*M*

Histology

Surgery

Chemotherapy regimen

Clinical trial?

THERAPEUTIC AGENTS

DOSE

SCHEDULE/# CYCLES

DOSE REDUCTIONS/COMMENTS

Treatment goal

Response to treatment

Serious toxicities during treatment

Ongoing toxicities

Radiation therapy (type, dose, site)

Comments

## Follow-up Care

Visit the [Survivorship Library](#) **BE SURE TO CONSULT WITH YOUR ONCOLOGY PROVIDER TO DETERMINE THE RIGHT SCHEDULE OF FOLLOW-UP TESTS AND VISITS FOR YOU.**

### FOLLOW-UP TESTS & VISITS

### WHEN/HOW OFTEN?

### PROVIDER TO CONTACT

Medical oncology visit

Physical exam

Bone density scan (DEXA)

Imaging (X-ray, CT, MRI, PET scan)

Mammogram

Pap smear & pelvic exam ♀

PSA & rectal exam ♂

Colonoscopy

### WELLNESS

### COMMENTS

Diet & nutrition

Exercise

Mental health

Bone health

Immunizations

Cholesterol management

Diabetic screening/management

Hypertension control

Smoking cessation

### OTHER COMMENTS