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| **General Information** | | | | | | | | | | | |
| Patient Name: | | | | | | Patient DOB: | | | | | |
| Patient phone: | | | | | | Email: | | | | | |
| **Health Care Providers** (Including Names, Institution) | | | | | | | | | | | |
| Primary Care Provider: | | | | | | | | | | | |
| Surgeon: | | | | | | | | | | | |
| Radiation Oncologist: | | | | | | | | | | | |
| Medical Oncologist: | | | | | | | | | | | |
| Nurse | | | | | | | | | | | |
| Other Providers: | | | | | | | | | | | |
| **Treatment Summary** | | | | | | | | | | | |
| **Diagnosis** | | | | | | | | | | | |
| Cancer Type/Location/Histology Subtype:  Endometrial Cancer  Endometrioid ☐ G1 ☐G2 ☐G3 ☐Serous ☐Clear Cell ☐Mixed ☐Carcinosarcoma ☐ Other:  Uterine Cancer  Sarcoma  ☐Leiomyosarcoma ☐Other Sarcoma | | | | | | | Diagnosis Date (year): | | | | |
| Stage: ☐I ☐II ☐III ☐IV ☐Recurrent ☐Unknown | | | | | | | | | | | |
| **Biomarkers Tested:** ☐ Yes ☐No  ☐ hormone receptor (ER+) ☐ hormone receptor (PR+) ☐HER2+ ☐ MMR/MSI High  Biomarker Tested: □ Yes □ No Biomarker Results: | | | | | | | | | | | |
| **Treatment** | | | | | | | | | | | |
| Surgery ☐ Yes ☐No | | Surgery Date(s) (year): | | | | | | | Enrolled in Clinical Trial ☐ Yes ☐No  Details: | | |
| Surgical procedure/location/findings:  ☐ Hysterectomy  ☐ Salpingo-oophorectomy (removal of tubes and ovaries)  ☐ Lymph node dissection  ☐ Removal of other organs:  ☐ Other: | | | | | | | | | | | |
| Radiation ☐ Yes ☐No |  | | | | | | | | | End Date: | |
| Area Treated: ☐ Pelvic ☐Vagina (brachytherapy) ☐ Other:  Dose:  Fractions (number of sessions): | | | | | | | | | | | |
| Systemic Therapy (chemotherapy, hormonal therapy, other) ☐ Yes ☐No | | | | | | | | | | | |
| Names of Agents Used | | | | | | | Start Date(s) | | | | End Date(s) |
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| Persistent symptoms or side effects at completion of treatment:  □ No  □ Yes: | | | | | | | | | | | |
| **Familial Cancer Risk Assessment** | | | | | | | | | | | |
| Genetic/hereditary risk factor(s) or predisposing conditions: | | | | | | | | | | | |
| Genetic counseling: □ Yes □ No Genetic testing results: | | | | | | | | | | | |
| **Follow-up Care Plan** | | | | | | | | | | | |
| Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No | | | | | | | | | | | |
| Additional treatment name | | | | | Planned duration | | | Possible Side effects | | | |
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| **Schedule of clinical visits** | | | | | | | | | | | |
| Coordinating Provider | | | When/How often | | | | | | | | |
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| **Cancer surveillance or other recommended related tests** | | | | | | | | | | | |
| Coordinating Provider | | | | What/When/How Often | | | | | | | |
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| Please continue to see your primary care provider for all general health care recommended for a person your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider include new symptoms such as bleeding, pain, changes in bladder/bowel function. | | | | | | | | | | | |
| Possible late- and long-term effects that someone with this type of cancer and treatment may experience:  Your follow-up care plan is designed to inform you and primary care providers regarding the recommended and required follow-up, cancer screening and routine health maintenance that is needed to maintain optimal health.  You may have post-surgical pain, fatigue, weight gain, fluid retention, menopause, changes in sexuality, pain with intercourse, vaginal dryness, depression/anxiety, and numbness/tingling.  **Possible late- and long-term effects that someone with this type of cancer and treatment may experience:**  If your treatment was hysterectomy with lymph node biopsy and/or dissection, swelling of legs may occur. If your treatment was including radiotherapy, problem of bladder and/or rectum may occur (incontinence, leakage, bleeding, constipation etc.). If these or any other new symptoms occur bring these to attention of your cancer care team. | | | | | | | | | | | |
| Cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your cancer care team to find out how you can get help with them.  ☐ Emotional and mental health ☐ Fatigue ☐ Weight changes ☐Stopping smoking  ☐ Physical Functioning ☐ Insurance ☐ School/Work ☐Financial advice or assistance  ☐ Memory or concentration loss ☐ Parenting ☐ Fertility ☐ Sexual functioning  ☐ Other | | | | | | | | | | | |
| A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your cancer care team/provider and/or primary care provider.  ☐ Quitting tobacco use ☐ Diet  ☐ Alcohol use ☐ Sunscreen use  ☐ Weight management (loss/gain) ☐ Physical activity | | | | | | | | | | | |
| Resources you may be interested in: | | | | | | | | | | | |
| Other comments: | | | | | | | | | | | |
| Prepared by: Delivered on: | | | | | | | | | | | |