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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** | | | | | | |
| Histology Subtype:  □Squamous cell carcinoma  □adenocarcinoma  □neuroendocrine  □other: | | | | | | Diagnosis Date (year): |
| Stage: ☐I ☐II ☐III ☐IV ☐Not applicable | | | | | | |
| **Treatment Completed** | | | | | | |
| Surgery: ☐ Yes ☐No | | | Surgery Date(s) (year): | | | |
| Surgical procedure/findings:  Lymph node removal: ☐Pelvic lymph node dissection ☐ Biopsy only ☐ Sentinel node biopsy □not applicable | | | | | | |
| Radiation: ☐ Yes ☐No | | | | | End Date (year): | |
| Concurrent Chemoradiotherapy (CCRT): □ Yes; with □Cisplatin; □Taxane and Platinum; □5-FU+Cisplatin; □Other agents  NACT: ☐ Before surgery ☐ After surgery | | | | | | |
| **Treatment Ongoing** | | | | | | |
| Additional treatment name | Planned duration | Possible Side effects | | | | |
|  |  | Hot flashes and vaginal discharge (common); endometrial cancer, serious blood clots and eye problems (all very rare). Other rare side effects may occur. | | | | |
|  |  |  | | | | |
| Other: |  |  | | | | |
| Persistent symptoms or side effects at completion of treatment:  Fatigue: □ No □ Yes Lymphedema: □ No □ Yes  Numbness: □ No □ Yes Urinary Difficulties: □ No □ Yes  Psychosocial/Depression: □ No □ Yes Menopausal symptoms: □ No □ Yes  Bowel Dysfunction: □ No □ Yes Pain: □ No □ Yes  Sexuality and Body Image: □ No □ Yes Other (enter type(s)): | | | | | | |

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| **Follow-up Care Plan** | | | |
| Your follow-up care plan is design 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.  **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 is likely to occur. If your treatment was including RT, problem of bladder and/or rectum is likely to occur (incontinence, leakage, hemorrhage, constipation etc.). If these or any other new symptoms occur bring these to attention of your health care provider.   **These symptoms should be brought to the attention of your provider**:   1. Anything that represents a brand new symptom; 2. Anything that represents a persistent symptom;   3. Anything you are worried about that might be related to the cancer coming back.  Please continue to see your primary care provider for all general health care recommended for a person your age such as routine immunizations, and routine non-breast cancer screening like colonoscopy or bone density exams. Consult with your health care provider about prevention and screening for bone loss using bone density tests. | | | |
| **Schedule for Clinical Visits** | | | |
| Coordinating Provider | | | When/How often |
|  | | |  |
|  | | |  |
|  | | |  |
| **Cancer Surveillance Or Other Recommended Tests** | | | |
| **Coordinating Provider** | **TEST** | **How often** | |
|  | Pap/pelvic exam | Annually | |
|  | CT | As indicated by provider | |
|  | Pelvic MRI | As indicated by provider | |
| Cervical cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.  ☐Anxiety or depression ☐Insurance ☐Sexual Functioning  ☐Emotional and mental health ☐Memory or concentration loss ☐Stopping Smoking  ☐Fatigue ☐Parenting ☐Weight changes  ☐Fertility ☐Physical functioning ☐Other  ☐Financial advice or assistance ☐School/work | | | |
| 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 doctor or nurse:  ☐Alcohol use ☐Physical activity ☐Other  ☐Diet ☐Sun screen use  ☐Management of my medications ☐Tobacco use/cessation  ☐Management of my other illnesses ☐Weight management (loss/gain) | | | |
| Resources you may be interested in: | | | |
| Other comments: | | | |
| Prepared by: Delivered on: | | | |