

# FOLLOW-UP CONTINUING CARE PLAN

## Oncology check-ups

Provider: \_\_\_\_\_

Appointment frequency: \_\_\_\_\_

Contact: \_\_\_\_\_

## Side effect monitoring

You are encouraged to report new symptoms or symptoms that have lasted for a long time to your healthcare team and not necessarily wait for a follow-up appointment.

### Symptoms include:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New or worsening pain     | <input type="checkbox"/> New, sudden onset swelling of a limb | <input type="checkbox"/> New, persistent cough |
| <input type="checkbox"/> Unintentional weight loss | <input type="checkbox"/> Vaginal bleeding/spotting            | <input type="checkbox"/> Numbness in the limbs |
| <input type="checkbox"/> Fatigue                   | <input type="checkbox"/> Shortness of breath                  | <input type="checkbox"/> Recurring headaches   |

## Screening tests

### Early-stage

### Frequency

### Provider

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Clinical breast exam | _____ | _____ |
| <input type="checkbox"/> Mammogram            | _____ | _____ |

### Additional tests

### Frequency

### Provider

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Tumour marker test   | _____ | _____ |
| <input type="checkbox"/> Complete blood count | _____ | _____ |
| <input type="checkbox"/> MRI                  | _____ | _____ |
| <input type="checkbox"/> CT scan              | _____ | _____ |
| <input type="checkbox"/> Bone scan            | _____ | _____ |
| <input type="checkbox"/> Heart function test  | _____ | _____ |
| <input type="checkbox"/> Pelvic exam          | _____ | _____ |
| <input type="checkbox"/> Bone density scan    | _____ | _____ |



# FOLLOW-UP CONTINUING CARE PLAN

## Ongoing treatments

### Hormonal therapy:

Type: \_\_\_\_\_

Frequency: & duration: \_\_\_\_\_

## Supportive medications

Type: \_\_\_\_\_

Frequency: & duration: \_\_\_\_\_

Type: \_\_\_\_\_

Frequency: & duration: \_\_\_\_\_

Type: \_\_\_\_\_

Frequency: & duration: \_\_\_\_\_

Type: \_\_\_\_\_

Frequency: & duration: \_\_\_\_\_