



## Tool for Cancer Survivors: Treatment Summary and Guide to Future Care



*An individual is considered a "cancer survivor" from the time of diagnosis, through the balance of his or her life.*



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South Atlantic Division Serving DE, GA, MD, NC, SC, VA, WV, and Washington, D.C.



"I am not afraid of storms for I am learning how to sail my ship."

– Louisa May Alcott



Dear Cancer Survivor,

This *Tool for Cancer Survivors* is to help YOU collect important information to have available during and after your cancer treatment. The more you know the more in control and comfortable you may feel as you finish treatment and return to a more normal life. The *Tool* can be an aide for talking with your doctor. Also, you can share a copy of your *Tool* with your primary care physician and any doctors you see in the future; they may find the information very helpful as they care for you.

The Tool is divided into three sections:

- **Diagnosis and Treatment Summary** – You can ask a nurse or social worker to fill out this section. It is a quick and easy summary of your cancer treatment.
- **Guide to Future Care** – You can ask your doctor(s) what check-ups to have, when and by whom. The doctor can also discuss with you health issues to be aware of and how you can return to a healthy lifestyle. If you have several doctors during treatment, you can ask each one to fill out his or her section of the form, or they may have their staff fill out the section.
- **Cancer Related Resources** – In this section you can find a few organizations and programs that may be helpful to you.

Please understand that the information in the *Tool* is only a summary of information related to your cancer. This *Tool* is **not a medical record**. Nothing in the *Tool* is intended to provide you with medical advice. You should always discuss your specific care with your doctor. It is your responsibility to check the accuracy, completeness, and usefulness of all information contained in the *Tool*.

**Help Us Help You and Others** – Please complete and return the enclosed postcard. It will help us learn if this *Tool* has been helpful to you and how we can continue to improve services to people who have had cancer.

Wishing you well in your journey towards health, remember we are here for you 24 hours a day, 7 days a week.

Having cancer is hard. Finding answers should not be.

Your American Cancer Society  
1-800-227-2345  
[www.cancer.org](http://www.cancer.org)

# I. Cancer Survivor's Diagnosis and Treatment Summary

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month    Day    Year

Cancer Site: _____	Date of Diagnosis: _____	Age at Diagnosis: _____
<input type="checkbox"/> This is my initial treatment	<input type="checkbox"/> This is a recurrence	<input type="checkbox"/> Metastatic
<input type="checkbox"/> Neoadjuvant	<input type="checkbox"/> Adjuvant	
Stage: _____ Type/Grade (if applies): _____ Tumor size (if applies): _____		
Hormone Receptor (if applies): _____ # Positive Nodes (if applies): _____		
Important information about diagnosis: _____ _____		
Name of Tumor Marker Test: _____		<input type="checkbox"/> Does not apply to me
Normal Range: _____	My After-Treatment Results: _____	Date: _____

Allergy History (use "Notes" page for more space)			
Drug	What happened?	Drug	What Happened?
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

My Doctors Name	Specialty	Address	Phone #

A. Surgery <input type="checkbox"/> Does not apply to me			
Date	Type of Surgery	Surgeon	Hospital
Complications/ Significant Comments:			

B. Chemotherapy, Hormone or other Systemic Treatment <input type="checkbox"/> Does not apply to me			
Where I received my Treatment:			
Drug Regimen	Started Mo/Yr	Treatments Completed (yes/no)	Toxicities – Complications - Significant Comments

## Notes

### **Suggestions:**

- On this page you can tape your doctors' calling cards which have their address and phone numbers.
- Write the name of the nurse or medical staff whom you speak with at their office.
- Add more information about your chemotherapy, drugs, etc.

<b>C. Radiation Treatment</b> <input type="checkbox"/> Does not apply to me				
Where I received my Treatment:				
Area Treated	Start Date	Stop Date	Treatments Completed? (Yes/No)	Complications/ Significant Comments

<b>D. Clinical Trial</b> <input type="checkbox"/> Does not apply to me		
Name of Institution:		
Sponsoring Organization:	Clinical Trial #:	Date:
Clinical Trial Coordinator:	Phone #:	
Treatment:		
Complications/ Significant Comments:		

<b>E. Transplant</b> <input type="checkbox"/> Does not apply to me		
Name of Institution:	Transplant Type:	
Surgeon:	Phone#:	Transplant Date:
Complications/ Significant Comments:		

<b>F. Other Therapies and Complementary Treatments</b> <input type="checkbox"/> Does not apply to me			
Therapy	Health Professional	Phone #	Complications/ Comments

<b>G. Pain Management - Describe most recent pain experience</b> (use "Notes" page for more space)		
Where was the pain	Type of Pain	What Helped

List below what drugs you tried for your pain			
Drug	Did it Help?	Drug	Did It Help?
1.		5.	
2.		6.	
3.		7.	
4.		8.	

<b>H. Describe Other Things That Helped You Cope with Your Cancer</b>

## Notes



## Notes

## II. Guide to Future Care

This section will help guide you when talking with your doctor about your medical care after treatment and to learn what you can do to stay healthy.

It is very important to keep all follow-up appointments. During these visits, your doctors and nurses will ask about symptoms, do physical exams, and may order blood tests, imaging studies or scans. These appointments are needed to check for cancer recurrence or spread, and possible side effects from certain treatments. During these check-ups you be sure to:

- Ask your healthcare team any questions you need answered
- Discuss any concerns you have
- Tell your healthcare team about any symptoms or side effects that bother you

### A. Talking with Your Doctor

These web sites contain information on specific cancers and follow-up care which you can print.

<http://www.cancer.org/survivors> On this site, choose "What Happens After Treatment" Select your type of cancer from the drop down selection. Print the follow-up care recommended.

<http://www.cancer.net/patient/Cancer+Types> On this site, select your type of cancer. Select "After Treatment" for recommendations from the American Society of Clinical Oncology,

#### 1. CHECK THE "COMMON CONCERNS OF CANCER SURVIVORS" THAT YOU WANT TO DISCUSS WITH YOUR DOCTOR:

I Have Concerns About:	Referrals Recommended by Healthcare Team:
<input type="checkbox"/> Depression/ Anxiety <input type="checkbox"/> Fertility <input type="checkbox"/> Marital/partner/family relationships <input type="checkbox"/> Sexuality <input type="checkbox"/> Genetic counseling testing <input type="checkbox"/> Wellness (diet, exercise, quit smoking) <input type="checkbox"/> Employment, <input type="checkbox"/> Health insurance, finances <input type="checkbox"/> Spirituality <input type="checkbox"/> Fear of Recurrence <input type="checkbox"/> Pain <input type="checkbox"/> Nutrition/Appetite <input type="checkbox"/> Physical Activity <input type="checkbox"/> Fatigue <input type="checkbox"/> Dental Issues <input type="checkbox"/> Sleep Difficulties <input type="checkbox"/> Other	<input type="checkbox"/> Psychiatry/Medication Management <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Fertility <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Dietitian <input type="checkbox"/> Exercise Program <input type="checkbox"/> Physical Therapy/ Rehabilitation <input type="checkbox"/> Counseling for: <ul style="list-style-type: none"> <li><input type="checkbox"/> employment</li> <li><input type="checkbox"/> health insurance</li> <li><input type="checkbox"/> finances</li> </ul> <input type="checkbox"/> Other

Other things I want to talk to my doctor about:

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The following names and phone # are recommended referrals for my concerns:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Notes

## A. Talking with Your Doctor (CONTINUED)

### ASK YOUR DOCTOR:

#### 2. HOW OFTEN SHOULD I BE SEEN BY MY DOCTORS/HEALTHCARE TEAM:

Surgeon, Radiation Oncologist, Medical Oncologist, Primary Care Doctor

Doctor's Name	Specialty	How Often You Should Be Seen

#### 3. WHAT FUTURE BLOOD TESTS, IMAGING STUDIES OR SCANS SHOULD I HAVE:

Name of Test	How Often

#### 4. WHAT EARLY DETECTION CANCER SCREENING TESTS SHOULD I HAVE:

ACS Early Detection Guidelines <http://www.cancer.org/guidelines>

Name of Test	How Often

#### 5. WHAT ARE MY RESTRICTIONS-PRECAUTIONS SPECIFIC TO MY CANCER SURGERIES AND TREATMENT:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### 6. WHAT POSSIBLE LATE-EFFECTS FROM TREATMENTS SHOULD I REPORT TO MY DOCTOR:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Notes

## B. Healthy Lifestyle Recommendations

Lifestyle changes may help you feel better, improve your health, and reduce your risk of future cancers. Ask your doctor to help develop your plan for healthy living.

### ➤ Food and Fitness Resources - American Cancer Society

- [www.cancer.org/foodandfitness](http://www.cancer.org/foodandfitness)
- "Nutrition and Physical Activity after Cancer" <http://www.cancer.org/icancope>

**MY EXERCISE PROGRAM** Doctor's Recommendations:  **Become More Physically Active**

Activities I should do \_\_\_\_\_

\_\_\_\_\_

Activities I should not do \_\_\_\_\_

\_\_\_\_\_

### ➤ "Dietitian-on-Call" 1-888-227-6333 - American Cancer Society Free service

**MY NUTRITIONAL NEEDS** Doctor's /Dietitian's Recommendations:  
 **Eat Healthful Foods; Choose Mostly Plant-based Foods**

\_\_\_\_\_

Foods I Should Avoid \_\_\_\_\_

\_\_\_\_\_

### ➤ "How to Kick the Habit" <http://cancer.org/smokeout> American Cancer Society

**MY QUIT SMOKING PROGRAM** Doctor's Recommendations:  
 **If You Smoke, You Should Quit.**  
 **Call 1-800-227-2345 for help with quitting.**

\_\_\_\_\_

\_\_\_\_\_

**MY ALCOHOL CONSUMPTION GUIDELINES** Doctor's Recommendations:  
 **If You Drink Alcohol, Limit Your Intake**

Medicines I take which will cause problems if I drink alcohol: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Notes

### III. Cancer Related Resources

**Before, during or after your cancer treatment you will have questions. Below is a partial list of resources to help you locate the information, resources, and support you need.**

**American Cancer Society** – <http://www.cancer.org>

Staffed 24/7 by Cancer Information Specialists, who assist with *any* cancer-related questions: before, during and after treatment; prevention, detection, employment, insurance, finding support and resources in your community. Call **1-800-227-2345** to ask about any resources below.

- **What Happens After Treatment** – <http://www.cancer.org/survivors>  
Find information on your type of cancer, and what to expect/do after treatment
- **Be Healthy After Treatment** – [http://www.cancer.org/docroot/MH/MH\\_0.asp](http://www.cancer.org/docroot/MH/MH_0.asp)
- **Cancer Survivors Network** – <http://www.cancer.org/csn>  
Connect with others through this online community created by and for cancer survivors
- **“New Connections”** – <http://www.newconnections-cancer.org/>  
Subscribe to our free online newsletter “New Connections”, for those in active treatment, after treatment and for caregivers.
- **I Can Cope**® – <http://www.cancer.org/onlineclasses>  
Online self-paced educational program featuring videos and voice-overs helps survivors learn about cancer, its treatment, how to manage side effects, communicate cancer concerns, stay physically active, eat a healthy diet, address financial matters, and much more.
- **Reach to Recovery**® connects women and men before, during, and after breast cancer treatment with trained volunteers who are breast cancer survivors.
- **Hope Lodge**® provides free lodging for cancer patients who must travel far to a treatment center. To locate a Hope Lodge, Call 1-800-227-2345.
- **Look Good...Feel Better**® group and individual sessions teach women beauty techniques to address appearance-related side effects of treatment. To locate a session, call 1-800-227-2345.
- **Man to Man**® is a prostate cancer education/ support program.  
To find a program near you, call 1-800-227-2345
- **TLC**® is both a magazine with articles for women cancer survivors and a catalog; listing products to order such as wigs, mastectomy forms, hats and head coverings. 1-800-227-2345.

**CancerCare** ([www.cancercare.org](http://www.cancercare.org)) **1-800-813-HOPE**

**National Cancer Institute (NCI)** – <http://www.cancer.gov> **1- 800-4CANCER** Provides a free book for cancer survivors called “Life After Cancer Treatment”, which identifies common concerns survivors face and suggested resources.

**National Family Caregivers Association** – <http://www.nfcares.org> **1-800-896-3650**

**Link to Other Websites for Cancer Resources** - Cancer type specific  
[http://www.cancer.org/docroot/CRI/content/CRI\\_3\\_2X\\_Related\\_Web\\_Sites.asp](http://www.cancer.org/docroot/CRI/content/CRI_3_2X_Related_Web_Sites.asp)

## Notes

## MEDICATIONS - APPOINTMENTS - TESTS SCHEDULE

This page provides a place for you to record important future care

### A. MEDICATIONS - OVER THE COUNTER AND PRESCRIPTIONS –THAT I TAKE

Drug	Reason Taking	Start Date	Stop Date

### B. DOCTORS APPOINTMENTS

Doctor	Specialty	Date Last Seen				

### C. BLOOD TESTS, IMAGING STUDIES OR SCANS:

Name of Test	Where is Test Done	Date Last Done				

### D. EARLY DETECTION SCREENING TESTS

Name of Test	Where is Test Done	Date Last Done				

## Can We Please Stay in Touch?

May the American Cancer Society contact you in about 6 months to learn if the Tool for Cancer Survivors has been helpful and if you have any suggestions to make it more useful for other survivors? If yes, "[click here](#)"

Would you like to receive more information and resources related to cancer survivorship from the American Cancer Society? If yes, "[click here](#)"



THE OFFICIAL SPONSOR OF BIRTHDAYS.™

For **anything** cancer related, call your American Cancer Society.

- Information
- Resources
- Insurance and Employment Questions
- Books-Brochures
- Support
- Clinical Trials
- Research

**Make a Donation / Get Involved / Volunteer**

24 hours a day, 7 days a week  
1-800-227-2345



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