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|  **General Information** |
| Patient Name: | Patient DOB: |
| Patient phone: | Email: |
| **Health Care Providers** (Including Names, Institution) |
| Primary Care Provider: |
| Urologic Surgeon:  |
| Radiation Oncologist: |
| Medical Oncologist: |
| Other Providers: |
| **Treatment Summary** |
| **Diagnosis** |
| Cancer Type/Location/Histology Subtype: Prostate Cancer  | Diagnosis Date (year): |
| Stage: ☐I ☐II ☐III ☐IV ☐Not applicable  |
| Gleason Score: | PSA at Diagnosis:  |
| Clinical Trial: ☐ Yes ☐No Name/Number:  |
| **Treatment Completed** |
| Surgery:  | Surgery Date(s) (year): |
| Surgical procedure/location/findings: |
| External beam radiation: ☐ Yes ☐No | Prostate/Seminal Vesical only: ☐ Yes ☐No | End Date (year): |
|  | Whole pelvis: ☐ Yes ☐No | End Date (year): |
| Brachytherapy to prostate: ☐ Yes ☐No |  | End Date (year): |
| Systemic Therapy (chemotherapy, hormonal therapy, other): ☐ Yes ☐NoDuration:  |
| Names of Agents Used | End Dates (year) or ongoing  |
| ☐ Casodex |  |
| ☐ Lupron (or similar LHRH agonist) |  |
| ☐ Other |  |
| Persistent symptoms or side effects at completion of treatment: □ No □ Yes (enter type(s)) : |
| **Treatment Ongoing**  |
| Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No |
| Additional treatment name | Planned duration | Possible Side effects |
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| **Follow-up Care Plan** |
| **Schedule of Clinical Visits** |
| Coordinating Provider | When/How often |
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| **Cancer Surveillance or other Recommended Tests**  |
| Coordinating Provider | Test | How Often  |
|  | PSA (Prostate Specific Antigen) |  |
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| Please continue to see your primary care provider for all general health care recommended for a man your age, including cancer screening tests. Any 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.
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| Possible late- and long-term effects that someone with this type of cancer and treatment may experience:* Decreased sex drive • Mood swings
* Enlarging breast tissue • Osteoporosis
* Erectile dysfunction • Painful urination
* Fatigue • Rectal Pain
* Hair loss • Shortening of the penis
* Hot flashes • Skin irritation or darkening
* Incontinence • Sterility
* Increased body fat • Tiredness
* Loss of muscle mass • Trouble voiding or passing urine (urinary retention)
* Metabolic syndrome (increased blood • Urinary frequency pressure, blood sugar, cholesterol) • Other:
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| 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: * [www.cancer.net](http://www.cancer.net)
* Other:
 |
| Other comments: |
| Prepared by: Delivered on:  |