



This is your Survivor Care Plan. It has information about your cancer and treatment. It also has recommendations for your follow-up care. This plan was made specifically for you based on your cancer treatment. Please share this summary with your doctors and also keep a copy for yourself.

<b>Name:</b>	<b>Sex:</b>	<b>DOB:</b>
<b>Date Created:</b>	<b>Cancer Diagnosis:</b>	
<b>Date Updated:</b>	<b>Completed by:</b>	

1. RECOMMENDED MEDICAL FOLLOW-UP				
System	Recommended Tests/Screening	How Often Done	Date Last Done	Reason/Exposure
Heart				
Hormones				
Muscles/Bones				
Nerve/Brain Function				
Eye/Vision/Hearing				
Lung				
Fertility/Urination				
Second Cancer				
Other: _____				

2. RECOMMENDED PSYCHOSOCIAL FOLLOW-UP		
<p>If your child is having difficulty with any of the following:</p> <ul style="list-style-type: none"> <li>• School or work performance</li> <li>• Relationships or social interactions</li> <li>• Emotions (such as worries, depressed or sad mood) or behavior changes</li> </ul> <p>Please call Hematology/Oncology at [INSERT HOSPITAL/SOCIAL WORK PHONE LINE] and ask for a social worker, who can provide assistance or referrals to the appropriate professionals.</p>		
Additional Resources:	QR Code	Guideline Applicable to Patient
Education: <a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/educational_issues_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/educational_issues_Eng.pdf</a>		<input type="checkbox"/>
Emotional Needs: <a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/emotional_issues_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/emotional_issues_Eng.pdf</a>		<input type="checkbox"/>
Recommendations are given by the Children's Oncology Group and taken from their website <a href="http://www.survivorshipguidelines.org/">http://www.survivorshipguidelines.org/</a>		

### 3. VACCINATIONS

Vaccination	Abbreviation or Common Name	Vaccination Completed	Date Vaccination Completed	Vaccination Follow-Up Dates if Needed
Tetanus, Diphtheria, Pertussis	DtaP	<input type="checkbox"/> Y <input type="checkbox"/> N		
<i>Haemophilus influenzae</i> type b	HiB	<input type="checkbox"/> Y <input type="checkbox"/> N		
Polio	IPV	<input type="checkbox"/> Y <input type="checkbox"/> N		
Hepatitis B	HepB	<input type="checkbox"/> Y <input type="checkbox"/> N		
Hepatitis A	HepA	<input type="checkbox"/> Y <input type="checkbox"/> N		
Pneumococcal Vaccine	PCV13, PPSV23	<input type="checkbox"/> Y <input type="checkbox"/> N		
Measles, Mumps, Rubella	MMR	<input type="checkbox"/> Y <input type="checkbox"/> N		
Chickenpox	Varicella	<input type="checkbox"/> Y <input type="checkbox"/> N		
Influenza	Flu	<input type="checkbox"/> Y <input type="checkbox"/> N		
Human Papillomavirus (HPV)	Gardasil	<input type="checkbox"/> Y <input type="checkbox"/> N		
Meningitis	MCV	<input type="checkbox"/> Y <input type="checkbox"/> N		



### 4. PROVIDER CONTACT INFORMATION (see other providers under section 8)

Provider Type	Name	Contact Information
Primary Care Provider		
Oncologist		

### 5. PROBLEMS OR CONCERNS







If your child develops a rash from low platelets or develops a prolonged fever (3-4 days) without any other signs of sickness you should contact your oncologist. For all other medical issues or questions, you should contact your pediatrician or primary care provider.

### 6. PREVENTIVE HEALTH BEHAVIORS

Type of Behavior	Recommendation	QR Code	Guideline Applicable to Patient
Diet and Physical Activity	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/diet_and_physical_activity_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/diet_and_physical_activity_Eng.pdf</a>		<input type="checkbox"/>
Sun Protection	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/skin_health_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/skin_health_Eng.pdf</a>		<input type="checkbox"/>

NOTE: These recommendations are based upon the current age of the patient. These recommendations will change over time. As the patient ages, they should refer to their primary care provider to receive instruction on more up to date recommendations.

Recommendations are given by the Children's Oncology Group and taken from their website <http://www.survivorshipguidelines.org/>

7. EDUCATION ON OTHER POTENTIAL HEALTH ISSUES			
Potential Health Issues	Recommendation	QR Code	Guideline Applicable to Patient
Dental Issues	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/dental_health_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/dental_health_Eng.pdf</a>		<input type="checkbox"/> Y <input type="checkbox"/> N/A
Fertility Issues	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/female_health_issues_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/female_health_issues_Eng.pdf</a> <a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/male%20health_issues_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/male%20health_issues_Eng.pdf</a>	  (Female) (Male)	<input type="checkbox"/> Y <input type="checkbox"/> N/A
Health Care	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/finding_and_paying_for_healthcare_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/finding_and_paying_for_healthcare_Eng.pdf</a>		<input type="checkbox"/> Y <input type="checkbox"/> N/A
Heart Health	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/heart_health_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/heart_health_Eng.pdf</a>		<input type="checkbox"/> Y <input type="checkbox"/> N/A
Secondary Cancer Risk	<a href="http://www.survivorshipguidelines.org/pdf/healthlinks/English/reducing_the_risk_of_second_cancers_Eng.pdf">http://www.survivorshipguidelines.org/pdf/healthlinks/English/reducing_the_risk_of_second_cancers_Eng.pdf</a>		<input type="checkbox"/> Y <input type="checkbox"/> N/A
Other: _____			<input type="checkbox"/> Y <input type="checkbox"/> N/A
NOTE: If marked N/A recommendation not applicable.			
Recommendations are given by the Children's Oncology Group and taken from their website <a href="http://www.survivorshipguidelines.org/">http://www.survivorshipguidelines.org/</a>			

8. ONCOLOGY PROVIDER TEAM (see section 4 for oncology provider and primary care physician)		
Provider Type	Provider Name	Contact Information
Nurse Coordinator		
Social Worker		
Radiation Oncologist		
Surgeon(s)		
Genetic Counselor		
Other: _____		



12. SURGERY				
Date	Procedure	Site (if applicable)	Side (right/left/both)	Surgeon/Institution

13. ALLERGIES / ADVERSE DRUG REACTIONS		
Drug/Product	Reaction	Date

14. RADIATION										
Site/Field	Laterality	Start Date	Stop Date	Fractions	Dose per Fraction (Gy)*	Initial Dose (Gy)*	Boost Site	Boost Dose (Gy)*	Total Dose (including boost) (Gy)*	Type

Radiation Treatment Center:

15. PAST COMPLICATIONS/TOXICITIES		
Problem	Date Onset	Date Resolved

16. CURRENT OR ONGOING PROBLEMS		
Problem	Date Onset	Date Resolved

**NOTES**