

Date of Diagnosis:	Date of discharge back to primary Care:	** Visits every 12 months
Path/Treatment Received:		Hormonal Treatment:

<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>	<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>
---	---

<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>	<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>
---	---

<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>	<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>
---	---

<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>	<p>Visit Date: EXAMDONE</p> <p>Recommended Tests Medical follow-up care appointment: <input type="checkbox"/> Medical History <input type="checkbox"/> Update family history <input type="checkbox"/> Physical Exam (focus on breasts, regional lymph nodes, lungs and abdomen, arms examine for lymphedema)</p> <p>Any new and persistent or worsening signs/symptoms to watch for, especially: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Mastectomy scar changes <input type="checkbox"/> Lower extremity unilateral swelling, tenderness or erythema <input type="checkbox"/> Bone Pain <input type="checkbox"/> Fatigue affecting A DL/IADLs <input type="checkbox"/> Breast axillary and/or supraclavicular masses/lesions <input type="checkbox"/> Abnormal vaginal bleeding (for women taking tamoxifen) <input type="checkbox"/> Neurologic symptoms (ie. Headaches, motor dysfunction, stroke-like symptoms, nausea, etc.) <input type="checkbox"/> Persistent and/or worsening cough/shortness of breath <input type="checkbox"/> Persistent nausea and/or vomiting</p> <p>Review of current anti-estrogen therapies: <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase inhibitors (Letrozole, Anastrozole, Exemestane (+/- Zoladex))</p> <p>Prevention counseling, including (but not limited to) <input type="checkbox"/> Diet and exercise (may decrease breast cancer recurrence risk) <input type="checkbox"/> Alcohol use (may increase breast cancer recurrence risk) <input type="checkbox"/> Promote smoking cessation NOTE: Please refer to full ASCO guidelines for further information or details</p> <p>Mammography ** every 12 months</p>
---	---