Treatment Summary and Survivorship Care Plan for Colorectal Cancer

General Information	
Patient Name:	Patient DOB:
Patient Phone:	Email:
Health Care Providers (Including Names, Institution)	
Primary Care Provider:	
Surgeon:	
Radiation Oncologist:	
Medical Oncologist:	
Other Providers:	

Treatment Summary		
Diagnosis		
Cancer Type/Location/Histology Subtype: Colon Cancer		Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐Not applicable		
Predisposing Conditions: ☐ None ☐ Inflammatory bowel disease ☐ FAP ☐ HNPCC		
Family History of Colon or Rectal Cancer: ☐ None ☐One 1st Degree Relative ☐ One 2nd Degree Relative ☐Multiple Relatives		
Received Genetic counseling: ☐ Yes ☐No Genetic testing: ☐ Yes ☐No Genetic testing results:		
Pre-Op Colonoscopy: ☐ Yes ☐ No Completion to cecum: ☐ Yes ☐ No Other Lesions on Pre-Op Colonoscopy: ☐ None ☐ Low risk polyps ☐ High risk polyps		
Treatment COMPLETED		
Surgery: ☐ Yes ☐ No	Surgery Date(s) (year):	
Surgical procedure/location/findings:		
Radiation: ☐ Yes ☐ No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other): ☐ Yes ☐ No		

Names of Agents Used	End Dates (year)
☐ 5-Fluorouracil	
☐ Irinotecan	
☐ Leucovorin	
☐ Oxaliplatin	
☐ Other	

Persistent symptoms or side effects at completion of treatment: □ No □ Yes (enter type(s)):	
Permanent Ostomy: ☐Yes ☐ No	

Treatment ONGOING		
Need for ongoing (adjuvant) treatment for cancer: ☐Yes ☐ No		
Additional Treatment Name	Planned Duration	Possible Side Effects

Follow-up Care Plan	
Schedule of Clinical Visits	
Coordinating Provider	When/Frequency

Cancer Surveillance or other Recommended Tests		
Coordinating Provider	Test	Frequency
	Colonoscopy	As indicated by provider

Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests, except for colon cancer. 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.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

- Bowel problems
- Numbness/tingling
- Other:

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
☐Emotional and mental health
☐Fatigue
☐Fertility
☐Financial advice or assistance
☐Insurance
☐Memory or concentration loss
☐Parenting
☐Physical functioning
☐School/work
☐Sexual Functioning
☐Stopping Smoking
☐Weight changes
☐Other

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
☐Diet
☐Management of my medications
☐Management of my other illnesses
☐Physical activity
☐Sun screen use
☐Tobacco use/cessation
☐Weight management (loss/gain)
☐Other

Resources you may be interested in:

- www.cancer.net
- Other:

Other comments:	
Prepared by:	Delivered on:

- This Survivorship Care Plan is a cancer treatment summary and follow-up plan is provided to you to keep with your health care records and to share with your primary care provider or any of your doctors and nurses.
- This summary is a brief record of major aspects of your cancer treatment, not a detailed or comprehensive record of your care. You should review this with your cancer provider.

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