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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 and Staging** | | | | | | | | | | | | |
| Cancer type: Prostate Cancer | | | | | | | | Biopsy Date : | | | | |
| Urologist performing biopsy: | | | | | | | | | | | | |
| Clinical stage: T(tumor)\_\_\_\_N(nodes)\_\_\_\_\_(M)Mets\_\_\_\_\_\_Stage Group: ☐I ☐II ☐III ☐IV ☐NA | | | | | | | | | | | | |
| Gleason Score: Total Cores: Cores Positive: | | | | | | | | | | | PSA at Diagnosis: | |
| **Imaging Studies:** MRI: ☐ Yes ☐No Facility:  CT abdomen and pelvis: ☐ Yes ☐No Facility:  Bone scan: ☐ Yes ☐No Facility: | | | | | | | | | | | | |
| **Treatment Completed** | | | | | | | | | | | | |
| Surgery:  Surgeon: | | | | | | Surgery Date(s) (year):  Facility: | | | | | | |
| Pathologic stage: T(tumor)\_\_\_\_N(nodes)\_\_\_\_\_(M)Mets\_\_\_\_\_\_Stage Group: ☐I ☐II ☐III ☐IV ☐NA | | | | | | | | | | | | |
| External beam radiation: ☐ Yes ☐No  Radiation oncologist: | | | | Facility: | | | | | | | | End Date (year): |
| Brachytherapy to prostate: ☐ Yes ☐No | | | | Facility: | | | | | | | | End Date (year): |
| **Systemic Therapy (chemotherapy, hormonal therapy, other): ☐ Yes ☐No** | | | | | | | | | | | | |
| Names of Agents Used | | | | | Start and End Dates / frequency or ongoing | | | | | | | |
| ☐ Casodex | | | | |  | | | | | | | |
| ☐ Lupron or Eligard (or similar LHRH agonist) | | | | |  | | | | | | | |
| ☐ Other | | | | |  | | | | | | | |
| **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** | | | | | | | | | | | | |
| Provider | When/How often | | | | | | | | | | | |
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| **Cancer Surveillance or other Recommended Tests** | | | | | | | | | | | | |
| Provider | | Test | | | | | | | | How Often | | |
|  | | PSA (Prostate Specific Antigen) | | | | | | | |  | | |
|  | |  | | | | | | | |  | | |
|  | |  | | | | | | | |  | | |
| 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. | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| 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) * https://www.nccn.org/patientresources/patient-resources/guidelines-for-patients | | | | | | | | | | | | |
| Other comments: | | | | | | | | | | | | |
| Prepared by: Delivered on: | | | | | | | | | | | | |