GOLDEN SUNRISE NUTRACEUTICAL, INC.
219 North E Street * PORTERVILLE, CA 93257
Phone No.: 1.559.781.0658 Fax No.: 1.559.615.1268

Follow-up and Survivorship Care

PATIENT NAME:	**Age:**
NAME of PHYSICIAN:	**DOB:**
	Gender:
	Ethnicity:
	Height: **Weight:**

Follow Up Care	When / How Often?	Coordinating Provider
Medical Oncology Visits		
Lab Test		
Imaging		

Potential late effects of treatments(s):

Call your doctor if you have any of these signs and symptoms:

History of Previous Medications	Date	Reduce Medications	Date

Comments:

Staff Name / Title / Signature / Date

Date:

Time In: _____

Time Out: _____