


Patient name		Date of birth	/ /
Address		Phone no.	

FOLLOW-UP VISITS & OUTCOMES

To be completed by the health professional (GP or specialist) who is the provider of the scheduled follow-up visit. Start a new page for each follow-up visit. Additional forms can be downloaded from www.canceraustralia.gov.au

Date of diagnosis	/ /	Date of this follow-up visit	/ /	Date of previous follow-up visit	/ /
Provider name and discipline					
Follow-up aims	Completed	No change	Issues identified at this visit		
Check for symptoms of <i>local or regional</i> recurrence	<input type="checkbox"/>				
Clinical breast examination	<input type="checkbox"/>				
Check for symptoms of <i>distant</i> recurrence	<input type="checkbox"/>				
Identify psychosocial issues	<input type="checkbox"/>	<input type="checkbox"/>			
Identify side effects of treatment	<input type="checkbox"/>	<input type="checkbox"/>			
Update family history	<input type="checkbox"/>	<input type="checkbox"/>			
Update menopausal status	<input type="checkbox"/>	<input type="checkbox"/>			
Update other health conditions	<input type="checkbox"/>	<input type="checkbox"/>			
Review medications	<input type="checkbox"/>	<input type="checkbox"/>			
Discuss secondary prevention of breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diet discussed	<input type="checkbox"/> Exercise discussed	<input type="checkbox"/> Alcohol discussed

INVESTIGATIONS & REFERRALS

Mammogram

Date of previous mammogram:	/ /	Is a mammogram due this visit**	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of mammogram:	/ /	Mammogram results received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Next mammogram due:	/ /
							Result (attached)		

Ultrasound

Is an ultrasound indicated this visit**:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of ultrasound:	/ /	Ultrasound results received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indication for ultrasound**:	
				Result (attached)			

Other investigations:	If yes, investigations ordered:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Referral(s) following this visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, discipline

Rapid Access Request actioned?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Next follow-up visit	/ /
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*Mammography (and ultrasound if indicated) should be conducted annually following breast cancer diagnosis. **Ultrasound may be used in addition to mammography when indicated on clinical or radiological grounds. Consider ultrasound in addition to mammography for younger women, women with dense breasts and those whose initial breast cancer could not be detected by mammography.

