

GP Follow-Up Visit

Form adapted by SWSLHD Survivorship Clinic from Cancer Australia Nov 2024

Patient name

Date of birth

Actions to be taken during follow-up visits

This assessment form is to document the planned GP Follow Up Visits outlined in the patient's **Survivorship Care Plan**. Please send completed form to SWSLHD-cancersurvivorshipclinic@health.nsw.gov.au.

PATIENT HISTORY

Review other health conditions

Review existing and new conditions
Review medications and check compliance

Update family cancer history

Ask about any new occurrence of breast, ovarian, pancreatic, or prostate cancer among relatives.

Comments

TREATMENT HISTORY AND EFFECTS OF TREATMENT

Review treatment history Discuss how side effects may vary depending on treatment type and may vary over time.
Identify and review side effects of treatment.
Document side effects and any required actions below. Follow recommendations within patient's [Shared Care Plan](#) as clinically appropriate.

Identify and review Psychosocial Issues

- Please ask patient about **ALL** below topics. **ONLY 'select' or 'check'** the areas where concerns were identified by yourself or the patient, or where action was required.
Follow recommendations within patient's [Shared Care Plan](#) as clinically appropriate.

Fear of recurrence
Fertility
Depression
Anxiety
Relationships (e.g. partner or children, friendships)
Sexuality (incl. sexual function, libido, body image).
Financial Hardship
Employment and study

Comments

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ASSESSMENT

Weight: kg

*Waist circumference: cm

***OPTIONAL**: Recommended in patients with co-morbid metabolic disease, or with a desire to intentionally lose weight.

- Upper/lower limits of waist circumference in accordance with: ["Clinical Practice Guidelines for the management of overweight and obesity in adults, adolescents and children in Australia" NHMRC, page 25-26.](#) (Document remains current however is under review as of Dec 2024)

Update Menopausal Status

Menopausal symptoms present?

Was the patient pre- or peri-menopausal at the time of diagnosis?

Comments

CLINICAL EXAMINATION

1. For the early detection of **local or regional recurrence** *

Issues or concerns identified during clinical examination?

*Local recurrences are commonly diagnosed when patients are asymptomatic.

NOYES

Examine **BILATERAL** breasts (or chest wall in case of mastectomy) including any breast reconstruction.

- **MUST** examine patient *ipsilaterally AND contralaterally*.
- Look for new lumps, skin changes or thickening, nipple discharge.

Examine **BILATERAL** axilla and regional lymph nodes

Complete respiratory and abdominal examination

Check for new skin changes e.g. bruising, bleeding, infection

Check arm on the treated side for lymphoedema, cording, or signs of brachial plexus symptoms

2. For the early detection of **distant recurrence**.

Is the patient experiencing any of the following:

Bone pain
Shortness of breath, persistent and worsening cough, or haemoptysis
Unexplained changes in weight, fatigue, or anorexia.

Night sweats
Abdominal pain or jaundice
Headaches, especially on waking and/or associated with nausea or focal neurological symptoms

Persistent unexplained pain or discomfort
If indicated, perform neurological examination and check for signs of raised intracranial pressure

Comments

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Discuss modifiable lifestyle factors for the prevention of recurrent and new cancers

Smoking cessation
Diet and weight management
Exercise

Comments

Is the patient engaging in self-examinations as outlined in their Survivorship Care Plan?

YES NO

INVESTIGATIONS AND REFERRALS

Breast and/or chest wall imaging^{1,2}

Check previous result and confirm date of next mammogram and/or ultrasound if indicated.

Please see patient's [Survivorship Care Plan](#) for further details

Other investigations³

Review results of any other recent investigation pertaining to treatment as clinically indicated.

MRI
BMD
Other:

Rapid Access Request

To be used when follow-up raises a clinical issue requiring attention from the specialist care team. Follow process outlined in [Survivorship Care Plan](#).

N/A

Rapid Access Required

Complete [RAPID ACCESS REQUEST FORM](#) and follow process outlined in [Survivorship Care Plan](#).

Comments

Upon completion of this assessment, please send copy to: SWSLHD-cancersurvivorshipclinic@health.nsw.gov.au

Consultation date:

Dr.

Signature: _____

SIGN HERE

1. First mammogram 12 months post diagnosis

2. 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

3. Use of MRI may be considered in specific high-risk groups. Other planned reviews as clinically indicated. This may, for example, include a bone density (DXA) scan.