

GP Follow-Up Assessment

Patient Full Name		Date of Birth	
Date of Assessment			

Actions to be taken during follow-up visits

This assessment form is to be completed during planned follow-up visits with the GP, as per the patient's **Shared Care Follow Up Schedule**. This schedule is found within patient's **Breast Cancer Survivorship Care Plan**. GP's can utilize Cancer Australia's [Guidance for the Management of Early Breast Cancer](#) during planned follow-up appointments if required.

Once completed, a copy of this form **must** be provided to the Survivorship Clinic: SWSLHD-cancersurvivorshipclinic@health.nsw.gov.au.

PATIENT HISTORY

Review other health conditions

- Review existing and new conditions
- Review medications, confirm compliance

Comments / Actions

Review of treatment history

- Review Treatment Summary in patient's **Survivorship Care Plan**

Update family cancer history

- Ask about any new incidence of cancer amongst relatives.

TREATMENT EFFECTS

Identify and review **physical treatment effects**

- Ask about physical side effects the patient is experiencing
- Discuss how side effects may vary depending on treatment type and may vary over time.

Document survivor experiences. Detail interventions or actions, or if further review is required.

Identify and review **psychosocial treatment effects**

Ask patient about **ALL** listed topics below. Only 'select' or 'check' the box of areas in which concerns were identified or require further review.

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

Document survivor experiences. Detail interventions or actions, or if further review is required.

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LIFESTYLE AND WELLNESS

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

During planned follow up appointments with the GP, there should be a focus on holistic wellbeing. Supportive actions should center on the patient meeting lifestyle and wellness recommendations, forming the bulk of the consultation.

- Discuss recommendations for each of the following:
 - Alcohol
 - Smoking and tobacco
 - Weight management and diet
 - Exercise and physical activity
 - Sun safety
- Is the patient undertaking self-examinations with correct technique and at the recommended interval?
 - Yes
 - No
- Is the patient up to date with [Population Cancer Screening Programs?](#)
 - Yes
 - No

Document your assessment. Detail interventions, actions, or if further review is required.

PHYSICAL ASSESSMENT

Body Measurements

Weight: kg Waist circumference**:

cm

Comments / Actions

Optional**

Recommended in patients with co-morbid metabolic disease or are engaging in intentional weight loss. Upper-lower limits of waist circumference in accordance with [RACGP Guidelines for preventative activities in general practice 10th edition](#)

Update Menopausal Status

Confirm menopausal status: Comments / Actions

- At breast cancer diagnosis: **-menopausal**
- At present: **-menopausal**

Diagnosis of menopause as per [Australian Menopause Society Guideline for Diagnosing Menopause, 2022](#).

CLINICAL BREAST EXAMINATION

For the detection of locoregional recurrence

Local recurrences are commonly diagnosed when patients are asymptomatic. **ALL** the following elements are mandatory in order to meet clinical examination standards.

Issue or concerns identified?
No Yes

Document findings and any further actions if required

- Examine **BILATERAL** breast(s) (or chest wall in the case of mastectomy) including any areas of reconstruction.
 - Patient **MUST** be examined ipsilaterally **AND** contralaterally.
 - Look for new lumps, skin changes or thickening, nipple changes or discharge
- Examine **BILATERAL** axillary and regional lymph nodes
- Complete respiratory and abdominal examination
- Check arm on the treated side for lymphoedema, cording, or brachial plexus symptoms

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CLINICAL BREAST EXAMINATION CONTINUED

For the detection of distant recurrence

Following physical assessment and clinical breast examination, and based on your clinical judgment, is there suspicion of distant recurrence or metastatic disease?

Yes No

In the presence of symptoms:

1. Initiate [Rapid Recall](#).
2. Investigate symptoms in accordance with best practice. Do not delay intervention.

Common red flags for distant recurrence are listed below. Additional symptoms of metastatic disease may not be listed, please utilize clinical judgment

- Non-intermittent bone pain
- Shortness of breath, persistent and worsening cough, or hemoptysis
- Abdominal pain or jaundice
- Evidence of spinal cord compression - considered an [oncological emergency](#)
- Persistent unexplained pain or discomfort
- Unexplained changes in weight, fatigue, or anorexia.
- Night sweats that cannot otherwise be linked to ongoing endocrine therapy
- Headaches, especially on waking or associated with nausea or focal neurological symptoms or with evidence of raised intracranial pressure

INVESTIGATIONS AND REFERRALS

Review recent imaging results and ongoing follow up arrangements

Patients should be consistent and attend the same imaging venue wherever possible when undertaking repeat imaging, to minimize the risk of false positive or false negative results.

In lieu of this, best efforts should be made for the patient to provide the following to the imaging venue on the day of their appointment:

1. GP includes details of previous investigations on imaging request forms e.g. "mammogram May 2024 @ Spectrum imaging".
2. Any available film or images from previously attended scans, even if not recent, with corresponding imaging reports.
3. Any available imaging reports, even without films.
4. Reports or results of other relevant imaging or investigations such as biopsy results.

Check results of most recent breast and/or chest wall imaging

MMG next due:
USS next due:
Other breast imaging next due:

Check results of any other recent investigations pertinent to diagnosis and treatment

BMD next due:
Bloods next due:
Other next due:

Consult the patient's [Follow Up Schedule](#) provided in [Survivorship Care Plan](#). Confirm upcoming follow-up appointments.

GP:
Specialist appointment with Dr _____ :

As a result of today's assessment, is **RAPID RECALL** required? No Yes Complete [Rapid Recall Request Form](#)

- **Rapid Recall** is for the purposes of escalation use when follow-up raises a clinical issue requiring attention from the specialist care team. Not to be used in place of existing referral arrangements i.e. as a 'referral' to a specialist, such as a surgeon, for planned follow up visits.

GP FOLLOW UP ASSESSMENT COMPLETE

At the conclusion of planned GP follow up appointments, the following must be provided to the Survivorship Clinic:

1. Copy of this form completed and signed.
2. Copies of results / reports from relevant investigations

Email to: SWSLHD-cancersurvivorshipclinic@health.nsw.gov.au

Signature
GP Name Dr
Best contact number

Date
Provider No.

Practice stamp or practice details

Phone number
Fax