

Lymphoma Care Plan

The Lymphoma Research Foundation is pleased to provide this *Lymphoma Care Plan* as a resource and guide to help patients and their physicians discuss and document the cancer experience.

Keeping your information in one location can help you feel more in control during and after treatment. Patients should complete this form with their care team. For additional copies of the *Care Plan*, please visit lymphoma.org/publications or contact the LRF Helpline at (800) 500-9976 or helpline@lymphoma.org.

SECTION 1: GENERAL PATIENT INFORMATION

NAME:	DATE OF BIRTH (MM/DD/YYYY):	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to identify
PATIENT ID:	PATIENT'S EMAIL:	
PATIENT PHONE (Cell/Home/Other)	Primary: Secondary:	(<input type="checkbox"/> Primary <input type="checkbox"/> Home <input type="checkbox"/> Other: _____) (<input type="checkbox"/> Primary <input type="checkbox"/> Home <input type="checkbox"/> Other: _____)
SUPPORT PERSON NAME:	RELATIONSHIP TO PATIENT:	
SUPPORT CONTACT INFO:	<input type="checkbox"/> Cell Phone: <input type="checkbox"/> Home Phone: <input type="checkbox"/> Email:	

SECTION 2: THE CARE TEAM

	NAME	AFFILIATION/ INSTITUTION	CONTACT INFORMATION (Phone/Email)
PRIMARY CARE PROVIDER			
HEMATOLOGIST/ONCOLOGIST			
RADIATION ONCOLOGIST			
SURGEON			
TRANSPLANT COORDINATOR			
OTHER PROVIDERS:			
Dermatologist			
Dietitian			
Endocrinologist			
Fertility Specialist			
Nurse/ Nurse Practitioner			
OB-GYN			
Physical Therapist			
Psychologist/ Mental Health Provider			
Social Worker			

SECTION 3: TREATMENT SUMMARY

3A. DIAGNOSIS

DIAGNOSIS DATE (MM/DD/YYYY):	CANCER TYPE: <input type="checkbox"/> CLL/SLL <input type="checkbox"/> HL <input type="checkbox"/> NHL CANCER SUBTYPE (LIST):		
STAGE/STAGING CLASSIFICATION	ANN ARBOR: _____ <input type="checkbox"/> New <input type="checkbox"/> Recurrent	LUGANO: _____ <input type="checkbox"/> New <input type="checkbox"/> Recurrent	OTHER: _____ <input type="checkbox"/> New <input type="checkbox"/> Recurrent

DIAGNOSIS CONFIRMED BY:	STUDY	DATE (MM/DD/YY)	STUDY TYPE	FINDINGS
BIOPSY				
BLOOD TEST				
GENETIC TEST				
SCAN				

PATIENT PRETREATMENT	Weight: _____	Height: _____	Blood Type: _____
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3B. TREATMENTS

CHEMOTHERAPY/ OTHER SYSTEMIC THERAPIES <input type="checkbox"/> Yes <input type="checkbox"/> No					
REGIMEN/AGENTS	INITIATION/END DATES	DOSE/ADMIN. ROUTE	SCHEDULE/CYCLES	DOSE REDUCTION	COMMENTS
1.					
2.					
3.					
4.					

RADIATION <input type="checkbox"/> Yes <input type="checkbox"/> No				
TYPE	INITIATION/END DATES	BODY AREA TREATED	DOSE	COMMENTS
1.				
2.				

STEM CELL TRANSPLANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inpatient* <input type="checkbox"/> Outpatient *Admission Date: _____ *Discharge Date: _____		TYPE: <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <i>Donor Relationship and Information:</i>		
CONDITIONING TREATMENT	CONDITIONING TREATMENT DATE	TRANSPLANT DATE	ENGRAFTMENT/REACTIONS/COMMENTS	

SURGERY Yes No

PROCEDURE	SURGERY DATE	LOCATION	FINDINGS/COMMENTS
1.			
2.			

OTHER TREATMENTS Yes No

PROCEDURE	DATE	LOCATION	FINDINGS/COMMENTS

3C. TREATMENT OUTCOMES

TREATMENT PART OF A CLINICAL TRIAL Yes No STUDY NUMBER (NCT#):

TREATMENT GOAL:

RESPONSE TO TREATMENT:

SERIOUS TOXICITIES/SIDE EFFECTS *DURING* TREATMENT:

ONGOING TOXICITIES/SIDE EFFECTS *AFTER* TREATMENT:

PATIENT POSTTREATMENT

Weight:

Height:

Blood Type:

SECTION 4. FOLLOW-UP CARE

4A. MAINTENANCE/ADJUVANT TREATMENT

TREATMENT NAME:

ROUTE OF ADMINISTRATION:

DOSE:

PLANNED SCHEDULE AND DURATION:

POSSIBLE SIDE EFFECTS:

RESULTS:

4B. POSSIBLE LATE EFFECTS AND LONG-TERM SIDE EFFECTS

LIST HERE:

4C. FOLLOW-UP VISITS

	TYPE OF VISIT	WHEN/HOW OFTEN	PERSON TO CONTACT
HEMATOLOGIST/ONCOLOGIST			
BLOOD WORK/ LAB TESTS			
IMAGING (CT, PET, ETC.)			
PRIMARY CARE PHYSICIAN			
OTHER			

4D. REVACCINATION SCHEDULE

Patients should follow the recommended revaccination schedule as directed by their physician

VACCINATION	DATE TO RECEIVE	VACCINATION	DATE TO RECEIVE
<input type="checkbox"/> Hepatitis B (HBV)		<input type="checkbox"/> Measles, mumps, and rubella (MMR)	
<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) series		<input type="checkbox"/> Tetanus, diphtheria, and acellular pertussis (Tdap)	
<input type="checkbox"/> Influenza		<input type="checkbox"/> Varicella	
<input type="checkbox"/> Meningococcal conjugate		<input type="checkbox"/> Other:	
<input type="checkbox"/> Pneumococcal conjugate series		<input type="checkbox"/> Other:	
<input type="checkbox"/> Polio		<input type="checkbox"/> Other:	

SECTION 5. WELLNESS CONCERNS AND CANCER SCREENING AND PREVENTION

<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> High Blood Pressure Control
<input type="checkbox"/> Bone Health/DEXA Scan	<input type="checkbox"/> Mammography and Pap Tests (Women only)
<input type="checkbox"/> Cholesterol Management	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> PSA and Rectal Exam (Men only)
<input type="checkbox"/> Diabetic Screening/Management	<input type="checkbox"/> Sexual Health and Fertility
<input type="checkbox"/> Diet and Nutrition/Weight management	<input type="checkbox"/> Tobacco Use/Stopping
<input type="checkbox"/> Exercise/physical activity	<input type="checkbox"/> Other:

SECTION 6. SELF-ASSESSMENT OF SYMPTOMS

Check any symptoms you experience to discuss symptom management and treatment options with a health care provider.

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> General weakness	<input type="checkbox"/> Pain with urination
<input type="checkbox"/> Changes in appetite	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Sexual dysfunction/lack of desire
<input type="checkbox"/> Chronic diarrhea	<input type="checkbox"/> Heartburn/indigestion	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hot flashes/night sweats	<input type="checkbox"/> Skin changes, rashes, lumps or bumps
<input type="checkbox"/> Cough or wheezing	<input type="checkbox"/> Irregular heartbeat/ palpitations	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Decreased exercise ability	<input type="checkbox"/> Jaundice (yellowing of skin or eyes)	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Joint pain or muscle aches	<input type="checkbox"/> Swelling of arm or leg
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Leg pain with exertion	<input type="checkbox"/> Swollen lymph nodes
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Memory/concentration issues	<input type="checkbox"/> Urinary incontinence (leaking urine)
<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Negative body image	<input type="checkbox"/> Vision problems
<input type="checkbox"/> Easy bruising or bleeding	<input type="checkbox"/> Neuropathy (pins and needles sensation or numbness)	<input type="checkbox"/> Weight gain or overweight
<input type="checkbox"/> Fatigue	<input type="checkbox"/> New/changed moles or freckles	<input type="checkbox"/> Weight loss or loss of appetite
<input type="checkbox"/> Fertility concerns	<input type="checkbox"/> Numbness/weakness on one side	
<input type="checkbox"/> Fever and sweats	<input type="checkbox"/> Pain or problems with eating	

WOMEN ONLY

<input type="checkbox"/> Abnormal vaginal bleeding	<input type="checkbox"/> Irregular periods	<input type="checkbox"/> Vaginal discharge	<input type="checkbox"/> Painful intercourse	<input type="checkbox"/> Premature menopause
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MEN ONLY

Erectile dysfunction

LRF offers a wide range of resources that address treatment options, the latest research advances, and ways to cope with all aspects of lymphoma and CLL/SLL, including our award-winning mobile app. LRF also provides many educational activities, from in-person meetings to webinars for people with lymphoma, as well as fact sheets and guides, e-Updates that provide the latest disease-specific news and treatment options. To learn more about any of these resources, visit our website at lymphoma.org/educationresources or contact the LRF Helpline at (800) 500-9976 or helpline@lymphoma.org.