Lymphoma Care Plan

Lymphoma Research Foundation

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 Helpline at **(800) 500-9976** or **helpline@lymphoma.org**

Section 1: General Patient Information

Name:

Date of Birth (MM/DD/YYYY):

Gender: ☐ Male ☐ Female ☐ Prefer not to identify

Patient ID:

Patient's Email:

Patient Phone (Cell/Home/Other)
Primary: (☐ Cell ☐ Home ☐ Other: _____________)
Secondary: (☐ Cell ☐ Home ☐ Other: _____________)

Support Person Name:

Relationship to Patient:

Support Contact Info:
☐ Cell Phone:
☐ Home Phone:
☐ 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: ☐ CLL/SLL ☐ HL ☐ NHL Cancer Subtype (List):
Stage/Staging Classification	Ann Arbor: ____________ ☐ New ☐ Recurrent Lugano: ____________ ☐ New ☐ Recurrent Other: ____________ ☐ New ☐ Recurrent

Diagnosis Confirmed By:	Study	Date (MM/DD/YYYY)	Study Type	Findings
Biopsy				
Blood Test				
Genetic Test				
Scan				

Patient Pretreatment Weight: ____________ Height: ____________ Blood Type: ____________

3B. Treatments

Chemotherapy/ Other Systemic Therapies: ☐ Yes ☐ No

Regimen/Agents	Initiation/End Dates	Dose/Admin. Route	Schedule/Cycles	Dose Reduction	Comments
1.					
2.					
3.					
4.					

Radiation ☐ Yes ☐ No

Type	Initiation/End Dates	Body Area Treated	Dose	Comments
1.				
2.				

Stem Cell Transplant: ☐ Yes ☐ No

☐ Inpatient ☐ Outpatient

Admission Date: ____________

Discharge Date: ____________

Type: ☐ Allogeneic ☐ Autologous

Donor Relationship and Information:

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):

Treatement 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
☐ Hepatitis B (HBV)		☐ Measles, mumps, and rubella (MMR)	
☐ Haemophilus influenzae type B (Hib) series		☐ Tetanus, diphtheria, and acellular pertussis (TDaP)	
☐ Influenza		☐ Varicella	
☐ Meningococcal conjugate		☐ Other:	
☐ Pneumococcal conjugate series		☐ Other:	
☐ Polio		☐ Other:	

Section 5. Wellness Concerns and Cancer Screening and Prevention

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

Section 6. Self-Assessment of Symptoms

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

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

Women Only

☐ Abnormal vaginal bleeding ☐ Irregular periods ☐ Vaginal discharge ☐ Painful intercourse ☐ Premature menopause

Men Only

☐ Erectile dysfunction

The Lymphoma Research Foundation 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. The Foundation 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/education resources or contact the LRF Helpline at **(800) 500-9976** or **helpline@lymphoma.org**.

Updated 2024