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|---|--|
| <input type="checkbox"/> Dandenong Hospital | <input type="checkbox"/> Monash Medical Centre Clayton |
| <input type="checkbox"/> Kingston Centre | <input type="checkbox"/> Moorabbin Hospital |
| <input type="checkbox"/> Jessie McPherson | <input type="checkbox"/> Community Health Services |
| <input type="checkbox"/> Casey Hospital | <input type="checkbox"/> Cranbourne Integrated Care Centre |

Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Address:

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.


Upon completion of this page, please retain a copy for the patient's file and send a copy to the other members of the treating team.

GP ⇄ Hospital FAX 9928 8533

Hospital ⇄ GP Fax

Additional forms can be downloaded from www.monashhealth.org

Date of diagnosis	/ /	Date of this follow-up visit	/ /	Date of previous follow-up visit	/ /
Provider name & discipline					

Follow-up aims	Completed	No change	Issues identified at this visit
Check for symptoms or signs of local or regional recurrence	<input type="checkbox"/>		
Clinical breast examination	<input type="checkbox"/>		
Ask about symptoms of distant recurrence	<input type="checkbox"/>	<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"/> Diet	<input type="checkbox"/> Exercise	<input type="checkbox"/> Alcohol

INVESTIGATIONS & REFERRALS

Mammogram

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

Ultrasound

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

Other investigations

Yes No If yes, investigations ordered:

Referral(s) following this visit: Yes No If yes, discipline:

Rapid access request actioned?

Yes N/A Next follow-up visit / / GP Specialist

*Mammography (and ultrasound if indicated) should be conducted annually following breast cancer diagnosis **Ultrasound may be used in addition to mammography for younger women with dense breasts and those whose initial breast cancer could not be detected by mammography.

*Add breast imaging classification (1-5) if included in imaging report. National Breast Cancer Centre(2007) synoptic breast imaging report. Camperdown, NSW, NBCC

