

Affix patient label here

**Survivorship Care Plan for NAME**

This care plan aims to assist in identifying and developing your health goals as a cancer survivor and steps you can take to reach these. You’re encouraged to discuss and share your care plan with your GP, family or others you feel can support you and continue to build as you achieve your goals or have other needs arise in the future.

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| **Current issues, problems or concerns** | **Level of importance to you**  1-very  2- somewhat  3- not important | **Goal moving forward**  What do you want to achieve? | **Strategy**  How do you want to achieveit? | **Who should assist you in achieving it**  GP, specialist, allied health, friends, others? | **GP Involvement**  How will your GP be involved? | **Other providers involved (ie: specialist)** |
| **Cancer Surveillance** |  |  |  |  |  |  |
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| **Side effect management** |  |  |  |  |  |  |
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| **Other health problems** |  |  |  |  |  |  |
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| **Wellness & health promotion** |  |  |  |  |  |  |
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| **Other** |  |  |  |  |  |  |
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| ***Strategy for rapid referral back into the acute cancer service is:*** | | | | | | |

**Useful resources that may be of assistance:**

**Survivorship Care Plan completed by: Date:**

*A copy of your Survivorship Care Plan and Cancer Treatment Summary will be forwarded to your nominated GP and other Specialists who were involved with your treatment for cancer (where relevant)*