

Patient Name (first 3 letters of last name)

Patient Date of Birth

Surgeon

Follow-up

Follow-up date

Patient status

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Free of recurrence | <input type="checkbox"/> Progression of disease | <input type="checkbox"/> Local recurrence | <input type="checkbox"/> Systemic recurrence | <input type="checkbox"/> New breast cancer |
| <input type="checkbox"/> New unrelated cancer | <input type="checkbox"/> Death, breast cancer related | <input type="checkbox"/> Death, not related to breast cancer | <input type="checkbox"/> Death, unknown cause | <input type="checkbox"/> Transferred care |
| <input type="checkbox"/> Lost to follow-up | <input type="checkbox"/> Unknown | <input type="checkbox"/> Partial clinical response | <input type="checkbox"/> Complete clinical response | <input type="checkbox"/> Stable disease |

Clinical Exam Results

- | | | | |
|-----------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Not done | <input type="checkbox"/> No abnormality | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Unknown |
|-----------------------------------|---|-----------------------------------|----------------------------------|

Mammogram Results

- | | | | |
|-----------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Not done | <input type="checkbox"/> No abnormality | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Unknown |
|-----------------------------------|---|-----------------------------------|----------------------------------|

Ultrasound Results

- | | | | |
|-----------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Not done | <input type="checkbox"/> No abnormality | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Unknown |
|-----------------------------------|---|-----------------------------------|----------------------------------|

Lymphodema

- | | | | | | |
|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Extreme | <input type="checkbox"/> Unknown |
|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|

Cosmetic status

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Mastectomy | <input type="checkbox"/> Unknown |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------------|----------------------------------|

Next appointment date (time from follow-up date)

- | | | | |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Days | <input type="checkbox"/> Weeks | <input type="checkbox"/> Months | <input type="checkbox"/> Years |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|

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Clinical Exam Results

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Mammogram Results

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Ultrasound Results

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Lymphodema

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|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Extreme | <input type="checkbox"/> Unknown |
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Cosmetic status

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| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Mastectomy | <input type="checkbox"/> Unknown |
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Next appointment date (time from follow-up date)

- | | | | |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Days | <input type="checkbox"/> Weeks | <input type="checkbox"/> Months | <input type="checkbox"/> Years |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|