

Patient Name (first 3 letters of last name) ##

Patient Date of Birth ##

Surgeon user ID

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

-
- Not done
-
- No abnormality
-
- Abnormal
-
- Unknown

Mammogram Results

-
- Not done
-
- No abnormality
-
- Abnormal
-
- Unknown

Ultrasound Results

-
- Not done
-
- No abnormality
-
- Abnormal
-
- Unknown

Lymphodema

-
- None
-
- Mild
-
- Moderate
-
- Severe
-
- Extreme
-
- Unknown

Cosmetic status

-
- Good
-
- Fair
-
- Poor
-
- Mastectomy
-
- Unknown

Next appointment date (time from follow-up date)

-
- Days
-
- Weeks
-
- Months
-
- Years

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