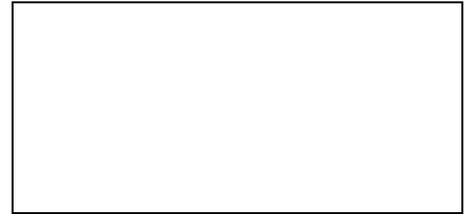




PHCP ~ TRANSITION OF CARE



Dear Dr/NP.....

Your patient \_\_\_\_\_ has completed active treatment for Breast Cancer and is now returning to you for shared care/ continued follow-up. Enclosed is a copy of your patient's treatment summary and follow-up recommendations. Please note that the patient has also received a copy of the treatment summary outlining recommended follow-up schedule and a formal letter of transition of care. We have reviewed with the patient; the importance of scheduling regular follow-up with you.

The following schedule is recommended:

Test	Frequency	Last	Next Due	Comment
Medical History, Physical Exam, Breast Exam	- once every 4-6 months until <<enter mos/year 3>> -once every 6 months until <<enter mos/year 5>> -then once every year in <<enter month>>			Appt with PHCP:
Mammogram	Yearly			

Physical examination should consist of:

- Examination of the breast(s), chest wall, supraclavicular and axillary lymphnodes
- Auscultation of the chest
- Percussion of vertebrae for bony tenderness
- Palpation of the liver

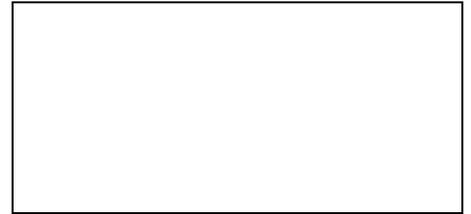
Signs and symptoms of local recurrence or metastatic disease which would require further investigations would include the following:

- New breast mass
- Rash or nodule on the chest wall
- Palpable lymphadenopathy
- New persistent bone pain
- New persistent cough or dyspnea
- Hepatomegaly
- Right upper quadrant pain
- New or persistent swelling in affected arm or under arm

If you suspect your patient has a recurrence of the **breast cancer**, please perform any necessary tests or investigations and send referral to our new patient department. This will ensure a prompt reassessment here.



PHCP ~ TRANSITION OF CARE



Attention: Transition Clinic 807-346-8383

If you suspect your patient has a **new cancer**, please perform any necessary tests or the appropriate investigations and send referral to our new patient department.

Attention: New Patient Clerk 807-346-8383

**Note:** Initiating investigations and referral for treatment would depend on this patients overall clinical picture, co-morbidities and established goals of care.

Signature \_\_\_\_\_

Date \_\_\_\_\_