

Patient details	
Family Name:	_____
First Name:	_____
Address:	_____
NHI:	_____
DOB:	_____

## Waikato Breast Care Register – Follow-up information

<b>Follow up date:</b> _____	<b>Examining Clinician:</b> _____	<b>Name &amp; contact details</b>
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**QUESTION 1**

**Clinical Exam:**.....  Not done    No abnormality    Abnormal    Unknown

**Mammogram:**.....  Not done    No abnormality    Abnormal    Unknown

**Ultrasound:**.....  Not done    No abnormality    Abnormal    Unknown

**Lymphoedema:**.....  None    Mild    Moderate    Severe    Extreme    Unknown

**Cosmetic Status:**.....  Good    Fair    Poor    Mastectomy    Unknown

**QUESTION 2**

**Current Endocrine Medication:**    Tamoxifen    Exemestane    Anastrozole  
 Letrozole    Goserelin    Triptorelin  
 None    Other: .....

Is this medication a change since previous follow-up visit?   **YES / NO**

If yes, please give: **Stop date previous medication :** ..... **and Start date for above:** .....

**QUESTION 3**

**Patient Status:** Free of recurrence?    **YES - please go directly to QUESTION 4**    **No - please detail below**

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Local recurrence   State location: .....

Assessment:    Clinical Exam    Mammogram    Ultrasound  
 MRI    Other: *Please list:* .....

Histologically Confirmed?   YES / NO

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2nd primary cancer   State location: .....

Assessment:    Clinical Exam    Mammogram    Ultrasound  
 MRI    Other: *Please list:* .....

Histologically Confirmed?   YES / NO

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**OR**    Distant recurrence   State location: .....

Progression of disease   Assessment:    Clinical Exam    LFT    Ultrasound  
 Chest X-ray    CT Scan    Bone Scan  
 X-ray    MRI    Other: *Please list:* .....

Histologically Confirmed?   YES / NO

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Alive with disease   Date last seen:   \_\_\_/\_\_\_/\_\_\_

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Transferred care   Complete details (if known):

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Lost to follow-up   Date last seen:   \_\_\_/\_\_\_/\_\_\_

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Deceased   Date of Death:   \_\_\_/\_\_\_/\_\_\_

Cause of Death:    Breast cancer  
 Other - not related to breast cancer (*please specify*): .....

Unknown cause

**QUESTION 4**

**Next Appointment:** \_\_\_\_\_    Days    Weeks    Months    Years