

Childhood Cancer Survivor With Endocrine Late Effects

GENERAL

Patient's contact information

Name _____

Address _____

Primary phone _____

Cell phone _____

E-mail _____

Fax number _____

Patient's school/work

School/employer _____

Address _____

Phone number _____

Patient's insurance

Provider _____

Policy number _____

Demographic information and other

Date of birth _____

Gender _____

Current age _____

Today's date _____

CANCER HISTORY

Cancer diagnosis, stage, and recurrences

	Date	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgery (description of procedure)

	Date	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Chemotherapy received	Cumulative dose	Relevant to endocrine/ met. late effects?	Dates	Patient age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Radiation site	Cumulative dose	Relevant to endocrine/ met. late effects?	Dates	Patient age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bone marrow transplant (type)	Preparation (chemotherapy or radiation, if not described above)	Dates	Patient age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complications from all treatments	Dates	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

LATE EFFECTS, OTHER DIAGNOSES, AND CURRENT TREATMENTS

Endocrine/metabolic late effects	Date of diagnosis	Current treatment

Potential endocrine/metabolic abnormalities requiring surveillance

Non-endocrine late effects	Date of diagnosis	Current treatment

Other diagnoses	Date of diagnosis	Current treatment

RECENT LABORATORY TEST RESULTS

	Result	Date
TSH		
Free T4		
IGF-I		
IGFBP-3		
GH stimulation testing:		
Arginine		
Insulin		
LH		
FSH		
Estradiol		
Testosterone		

	Result	Date
Total cholesterol		
HDL		
LDL		
Triglycerides		
Bone age/chronological age		
DEXA (g/cm ² and Z score):		
Total body		
Body composition		
Lumbar spine		
Proximal femur		

TARGETED RISK ASSESSMENT

Cardiovascular risk factors	Yes	No
Family history:		
Type 2 diabetes mellitus		
Hypertension		
Dyslipidemia		
Early-onset of MI or stroke		
Increased BMI or hip/waist ratio		
Hypertension		
Insulin resistance/prediabetes/diabetes		
Dyslipidemia		
Cardiovascular and osteoporosis risk factors		
Sedentary lifestyle		
Smoking		
Growth hormone deficiency		

Osteoporosis risk factors	Yes	No
Family history of osteoporosis		
Caucasian/Asian ethnicity		
Slight build		
Female gender		
Prolonged malnutrition		
High-dose steroids		
Methotrexate		
High-dose, multiple-drug chemotherapy		
High-dose irradiation to wt-bearing bones		
Hypogonadism		
History of low-impact fractures		
Low bone mineral density		
Low calcium intake		

PSYCHOBEHAVIORAL RISK ASSESSMENT

Family history of mental health disorder

Family history of alcohol/substance abuse

Mental health issues

Eating disorders

Smoking, alcohol or drug use, sexual activity

Driving history

Overall quality of life

LIFE GOALS

Educational goals

Vocational goals

TRANSITION OF CARE

	Transition care from:	To:
Primary care provider(s)		
Endocrinologist(s)		
Oncologist(s)		
Gynecologist/reproductive endocrinologist/urologist		
Other		
Other		

ADULT CARE RECOMMENDATIONS**Primary care provider**

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

Refer to other adult specialists as needed

Coordinate overall care

Endocrinologist

Medical visit to treat and monitor established endocrine/metabolic abnormalities every 3 to 6 months

Screen for additional late-onset pituitary hormone deficiencies every 1 to 2 years as indicated

Repeat DEXA in 2 years or as needed to assess near-peak bone mass and body composition

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

Oncologist

Annual oncology visit and coordination of follow-up oncology care

Surveillance for endocrine and non-endocrine late effects

Frequency of laboratory tests and screening MRIs to be determined by the oncologist

Gynecologist/reproductive endocrinologist (for women) or urologist (for men)

Annual pelvic exam and pap smear as indicated (for women)

Estrogen/progestin therapy as needed (for women)

Discuss family planning as needed (for women)

Discuss options for assisted reproduction as needed

Other adult specialist (specify)
