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Melanoma Patient Diary

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Patient Information

Name ____

Address ____

____

Home Phone ____

Cell Phone ____

Family Doctor ____

Medical History (e.g. past illness, operations, and when)

Cardiac: ☐ No ☐ Yes

Pulmonary: ☐ No ☐ Yes

Abdominal Surgery: ☐ No ☐ Yes

Immune deficiency disease (i.e. mono): ☐ No ☐ Yes

Other (please specify) ____

____

Lifestyle

Outdoor: ☐ I use sunscreen with SPF 30 of higher. How often? _____

☐ I wear long sleeve shirt and long pants in the sun.

☐ I wear hat and sunglasses in the sun.

☐ I use tanning beds. How often? ____________________

Smoking: ☐ Never

☐ Ex-smoker Years smoked _____ When did you quit? _____

☐ Current smoker How many years? ____________________

How many cigarettes per day? ____________________

Alcohol: ☐ Never

☐ Social drinker

How many per week? Wine_____ Beer_____ Other_____

Family History

Family Member	Living	List serious illness	
		Cancer	Other
Mother	☐ Yes ☐ No Age*: _____		
Father	☐ Yes ☐ No Age*: _____		
Sister	☐ Yes ☐ No Age*: _____		
Brother	☐ Yes ☐ No Age*: _____		
Other	☐ Yes ☐ No Age*: _____		

*Current age or age at death

Allergies/Intolerances

Food ____

____

Drug ____

____

Other ____

____

____

____

List of Professionals

Family Doctor	Dr.	______
	Tel	______
Medical Oncologist	Dr.	______
	Tel	______
Dermatologist	Name	______
	Tel	______
Plastic Surgeon	Name	______
	Tel	______
Other Surgeon	Name	______
	Tel	______
Oncology Nurse	Name	______
	Tel	______
Nutritionist	Name	______
	Tel	______
Social Worker	Name	______
	Tel	______
Receptionist	Name	______
	Tel	______
Psychologist	Name	______
	Tel	______

Oncology Pharmacist	Name	______
	Tel	______
Support Group	Name	______
	Tel	______
Physiotherapist	Name	______
	Tel	______
Patient Pharmacist	Name	______
	Tel	______
Other	Name	______
	Tel	______
	Name	______
	Tel	______
	Name	______
	Tel	______
	Name	______
	Tel	______

Symptoms

If you experience any side effects from your medications, you can write them down and talk to your doctor on your next visit. However, if it is urgent, please go to the hospital emergency room.

Date and Time	Medication Name	Symptoms

Symptoms

If you experience any side effects from your medications, you can write them down and talk to your doctor on your next visit. However, if it is urgent, please go to the hospital emergency room.

Date and Time	Medication Name	Symptoms

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Treatment Plan

Week	Day				
	Monday	Tuesday	Wednesday	Thursday	Friday

Weight

Week												
kg												
lb												

Section | 4

Treatment Plan

Week	Day				
	Monday	Tuesday	Wednesday	Thursday	Friday

Weight

Week												
kg												
lb												

Clinic Visit

Week from ______________ **to** __________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** __________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** __________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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Clinic Visit

Week from ______________ **to** __________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** _________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** _________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Clinic Visit

Week from ______________ **to** ________________

Treatment

Medication Name	
Date	
Time	
Location	

Appointments

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

List of Medications

When?	Medication Name	Appearance (colour, shape, etc.)	Dosage	Why?

List of Medications

When?	Medication Name	Appearance (colour, shape, etc.)	Dosage	Why?

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List of Medications

When?	Medication Name	Appearance (colour, shape, etc.)	Dosage	Why?

Section | 6

List of Medications

When?	Medication Name	Appearance (colour, shape, etc.)	Dosage	Why?

Follow-up and Monitoring

After a melanoma diagnosis, the risk of recurrence or another melanoma is increased. Therefore, your doctor will perform a full-body skin examination again, at least every year, for the rest of your life. It is also your own responsibility to make sure to call your doctor and set up the appointments.

Self-monitoring

Performed regularly, self-examination can alert you to changes in your skin and aid in early detection. So pay attention to your body and observe for any changes. You should do it at least once a month and make it a habit. Some changes may be external that you can see from the mirror, while there also may be changes inside of your body that you will only be able to feel. Be aware of any signs and symptoms.

Your doctor will teach you how to examine your skin and lymph nodes. When you do self-examination, look for changes in moles (colour, size, thickness, texture), any new growths, sores that do not heal, and abnormal areas of skin. Make sure you check the back of your body. Use a mirror or have someone check for you. Contact your doctor right away if you notice any abnormalities.

A schedule like the one below is followed if you have no signs or symptoms of melanoma. If you do develop new signs or symptoms, your doctor will investigate them and determine appropriate treatment and follow-up based on your test results.

Follow up

Follow-up after melanoma treatment depends on the stage of the melanoma. The following follow-up schedule is based on the information from the National Comprehensive Cancer Network. However, your doctor may have a plan for you depending on your individual situation.

Stage	Follow-up
Stage 0 in situ	• At least annual skin examination for life • Monthly self skin examination by patient
Stage IA	• History and physical examination (with emphasis on nodes and skin) every 3-12 months for 5 years, then annually as clinically indicated • At least annual skin examination for life • Monthly self skin and lymph node examination by patient
Stage IB-IV (patients with no evidence of disease)	• History and physical examination (with emphasis on nodes and skin) every 3-6 moths for 2 years, then every 3-12 months for 2 years, then annually as clinically indicated • Chest x-ray, LDH, Complete Blood Count every 6-12 months (optional) • Routine imaging is not recommended for stage IB or IIA disease • CT scans to follow up for specific signs and symptoms • Consider CT scans to screen stage IIB and higher for recurrent or metastatic disease • At least annual skin examination for life • Monthly self skin and lymph node examination by patient

Appointment Tracking Sheet

Date	Follow-Up Appointment

Appointment Tracking Sheet

Date	Follow-Up Appointment

Questions to Ask Your Doctor

Notes