

Personal GIST Record

Use this form to maintain a record of your GIST care. Remember to attach copies of all diagnostic, pathology, imaging, and surgical reports. Download additional copies at <https://liferaftgroup.ca/en/gist-patient-handbook/>

General Information	
Patient Name:	Date of Birth:
Phone:	Email:
Health Care Providers (Names, Institution, Phone)	
Family Physician:	
Surgeon:	
Medical Oncologist:	
Other Providers:	
Diagnosis	
Cancer Type: Location: Tumor size:	Diagnosis Date:

Metastasis:	Risk Category:
Mutation testing results:	Mitotic Rate:

Treatment History

Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/procedure/location/findings:
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Other procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/procedure/location/findings:
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Systemic therapy (medications, chemotherapy, hormonal therapy, other): Yes No

Agent name	Start and end date

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Treatment side effects: No Yes (description/treatments/results)

Follow-up Care Plan

Ongoing treatment for cancer Yes No

Treatment name	Planned duration

Schedule of clinical visits

Health Care Provider	When/How often

Cancer surveillance or other recommended related tests	
Health Care Provider	What/When/How Often