**Bladder Cancer Survivorship Care Plan**

**Encounter Data Sheet**

<table>
<thead>
<tr>
<th>Completion Date</th>
<th>Completion Start Time</th>
<th>Completion Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider Name:** __________________________________________________________________________

**Provider Type**
- ☐ Urologist
- ☐ Med Oncologist
- ☐ Nurse Practitioner/ Physician’s Assistant/ Nurse – other
- ☐ Medical Assistant
- ☐ Resident/ Fellow
- ☐ Student/Volunteer
- ☐ Medical Assistant
- ☐ Residency/Fellow
- ☐ Student/Volunteer
- ☐ Social Worker
- ☐ Other: ___________________________________

**Patient characteristics**
- **Gender**
  - ☑ Male
  - ☐ Female
- **Age:** _______________________________

- **Race/ethnicity**
  - ☐ White
  - ☐ Black/African-American
  - ☐ Asian
  - ☐ Hispanic/Latino
  - ☐ Other

- **Insurance Type**
  - ☐ Medicare
  - ☐ Medicaid
  - ☐ Private
  - ☐ VA
  - ☐ Other
  - ☐ None

- **Was the form completed in the presence of the patient?**
  - ☑ Yes
  - ☐ No

- **Where was the care plan completed?**
  - ☑ General patient room
  - ☐ Procedure/treatment room
  - ☐ Outside of clinic
  - ☐ Staff room
  - ☐ Consultation room

- **Did care plan completion result in a higher billing code?**
  - ☑ Yes
  - ☐ No

- **Number of new patient visits and other-visits seen in clinic today.**
  - New Patients
  - Other visits

**Comments:** Are there missing fields, revised language, or changes to the template organization that should be considered? Please also include general comments from providers or patients.

---

### Encounter Questions

<table>
<thead>
<tr>
<th>Encounter Questions</th>
<th>Not at all</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the information that was requested clear?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2. Was it difficult to locate the requested information?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3. Is this format (assuming further revision) one you would consider using in your practice?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4. Did the care plan completion hamper clinic flow? If yes, please comment above.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5. Do you currently have ample clinic resources to complete survivorship care plans in all new patients?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6. Was the patient an engaged and active participant in the completion of the care plan?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7. Did the care plan completion enhance the dialogue between you and the patient?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>8. Did the patient appear interested in receiving the appendix portion of the care plan?</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>