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| Patient Name | <Full Name> |
| Patient ID1 (CR Number) | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

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| Diagnosis: <Diagnosis> | | |
| Radiation Oncologist: <Primary Care Physician> | | |
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| **Patient** | | |
|  |  | Verify patient’s identification using Date of Birth |
|  |  | Confirm: **address, phone number or other contact number** |
|  |  | **Check pregnancy status if female between 10 – 55 years** |
|  |  | Does patient have a or  Yes 🡺  **Pacemaker** 🡺  **Referral made & Physicist notified**  **Implantable Cardiac Device (ICD)** 🡺  **Referral made & Physicist notified**  No |
|  |  | Verify with patient in regard of hotel accommodation and any assistance in transportation |
| **Treatment** | | |
|  |  | Identify patient’s past experience with radiation treatment |
|  |  | Discuss number of treatments prescribed, check-in system, appointment requests and/ or changes |
|  |  | Discuss length of daily treatment including portal imaging process |
|  |  | Disrobing, moving, touching and positioning patient, instruct patient not to move |
|  |  | Use of treatment related accessories (breast board, belly board, Thermoplast, etc) |
|  |  | CCTV monitoring and intercom during treatment |
|  |  | Smoking instructions given to patient |
|  |  | Special Instructions given to patient (i.e. **Full bladder, Empty bladder, Empty rectum**) |
|  |  | **Special Instructions given to SABR patient**   * Inform patient that they will be lying on treatment couch in treatment position for up to an hour * Taking pre-medication (e.g. pain killer) as directed by the Radiation Oncologist * Stress the importance of lying still during the procedures * Importance of using the restroom before treatment appointments * Importance of maintaining a normal and stable breathing pattern during the procedure * Importance of CBCT imaging before, possibly during and post treatment * Importance of maintaining treatment schedule (i.e. avoid appointment cancellations) |
|  |  | Discuss side effects using the consent form and give appropriate symptom control information pamphlet |
|  |  | Discuss skin care guidelines |
|  |  | Discuss review process and availability of R.N. if required |
|  |  | Discuss support systems (i.e. Dietitian, social worker and on-call physician, etc) |
|  |  | Ask if patient they have any questions and answer them if in our scope of practice |
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| **Family present:** |

**Comments:**