

We fully respect your time and would like to minimize any disruptions or delays during your consultation visit. Therefore, please complete the forms that are in this packet and return them at the start of your scheduled appointment. If you are having difficulty completing these forms or need to schedule a translator to assist you during your visit, please contact us directly. A consultation may take up to 2 hours. Do bring a family member or friend with you if needed. If you would like the results of this consultation sent to any specific physicians, please let the receptionist or nurse know. **Please arrive 30 minutes before your scheduled appointment to assure proper registration. Do not forget insurance information.**

If you have been seen or treated at another medical facility for the **present diagnosis**, please bring the following items with you.

- Name and phone number of medical facility or doctor's office
- Written results of medical imaging studies, medical procedures, and pathology reports/slides (*Contact the pathology and/or medical record department*)
- X-rays or CD of medical imaging studies related to the present diagnosis (*Contact the radiology department*)
- Written results of recent blood or lab work (*Contact the medical records department*)
- Previous radiation treatment records, if any (*Contact the radiation therapy department*)

Please keep in mind that a consultation or treatment could be delayed without these items.

We have enclosed a map of the Northwestern Medical Campus to assist you in locating the NMH - Galter Pavilion or NMH - Prentice Women's Hospital. On the back of the map you will find detailed directions on how to reach the Northwestern Medical Campus from surrounding areas.

If you are arriving by car:

- Allow 10-15 extra minutes to park and make your way to the Radiation Oncology Department
- Park in the Patient/Visitor parking garage located at the northeast corner of Saint Clair St. and Huron St.
- Bring your parking ticket with you to the department to be validated for discounted parking

NMH - Galter Pavilion

The Department of Radiation Oncology - Galter Pavilion is located at the southeast corner of Huron St. and Saint Clair St. (identified as #3 on the map). Patients can be dropped off at the main entrance drive-through (identified as #1 on the map) between the Galter Pavilion & Feinberg Pavilion. However, no parking is allowed there. Once inside the Galter Pavilion, take the elevator to the lower concourse (LC), room number LC-178.

NMH - Prentice Women's Hospital

The Department of Radiation Oncology - Prentice Women's Hospital is located at the northwest corner of Superior St. and Fairbanks Ct. (identified as #6 on the map). Patients can be dropped off at the main drive-through entrance (identified as #5 on the map) accessed directly from Superior St. However, no parking is allowed there. Once inside the Prentice Women's Hospital, take the elevator to the basement (B) and check for signs identifying the Department of Radiation Oncology. The room number is 00-2101.

Remember, you can always obtain further information from the information desk located in the lobby.

We appreciate you taking the time to read and complete the forms provided in this packet and we hope this information proves to be helpful. If you have any questions or concerns please contact us directly. We look forward to meeting you during your consultation visit. Thank you.

Sincerely,

Northwestern Memorial Hospital
Radiation Oncology Department
Galter Pavilion
Phone: (312) 926-2520
Prentice Women's Hospital
Phone: (312) 472-3650

Campus Guide



Northwestern Memorial Hospital Feinberg and Galter Pavilions

- 1 Main drive-through entrance
251 E. Huron St.
- 2 Emergency Department
250 E. Erie St.

Galter Pavilion

- 3 Stone Institute of Psychiatry
201 E. Huron St.
- 4 Physician offices
201 E. Huron St.
- 5 Northwestern Medical Faculty Foundation
675 N. Saint Clair St.
Robert H. Lurie Comprehensive Cancer
Center of Northwestern University
675 N. Saint Clair St.
Same Day Surgery
675 N. Saint Clair St., Fifth Floor

Prentice Women's Hospital

- 6 Main drive-through entrance
250 E. Superior St.
- 7 Entrance
250 E. Superior St.
Robert H. Lurie
Comprehensive Cancer Center
of Northwestern University
250 E. Superior St.
- 8 Entrance
Corner of Chicago Ave.
and Fairbanks Court

Other Locations

- 9 Northwestern Memorial
Human Resources
541 N. Fairbanks Court
17th Floor

- 10 Ambulatory Surgery Center
Olson Pavilion
710 N. Fairbanks Court
6th Floor
- 11 Stone Institute of Psychiatry
Administrative offices
and outpatient services
Onterie Center
446 E. Ontario St.
- 12 Physician offices
211 E. Chicago Ave.
- 13 Physician offices
737 N. Michigan Ave.
(Entrance on Chicago Ave.)
- 14 Physician offices
150 E. Huron St.
- 15 Physician offices
645 N. Michigan Ave.

- 16 Arkes Family Pavilion
Physician offices
676 N. Saint Clair St.
- 17 Northwestern Memorial
Imaging Center
676 N. Saint Clair St.
- 18 Physician offices
680 N. Lake Shore Drive
Prentice Ambulatory Clinic
680 N. Lake Shore Drive
Developmental
Evaluation Clinic
680 N. Lake Shore Drive

How to Reach Northwestern Memorial Hospital



From the North Side, Northern Suburbs and Wisconsin:

Option One: I-94 east to the junction of I-94 and I-294; east on I-90/I-94; I-90/I-94 east to Ohio Street exit; Ohio Street east to Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

Option Two: Sheridan Road south to Lake Shore Drive; Lake Shore Drive to Chestnut Street (stop light); right turn, then **immediate** left turn onto southbound Inner Lake Shore Drive; south to Huron Street; west (right) on Huron to Northwestern Memorial Hospital.

From the Northwest Side, Northwest Suburbs, Elgin and Rockford:

I-90/I-94 east to Ohio Street exit; Ohio Street east to Columbus/Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

From the West Side, Western Suburbs and Aurora:

I-88 east to I-290; I-290 east to I-90/I-94; I-90/I-94 west to Ohio Street exit; Ohio Street east to Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

From Southwest Side, Southwest Suburbs and Joliet:

I-55 north to Lake Shore Drive; north on Lake Shore Drive to Illinois Street/Grand Avenue exit; west (left) on Grand to Columbus (becomes Fairbanks Court); north (right) on Columbus to Northwestern Memorial Hospital.

From the South Side and Southern Suburbs:

Option One: I-57 north to I-94; I-94 west to Ohio Street exit; Ohio Street east to Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

Option Two: Lake Shore Drive (Route 41) north to Illinois Street/Grand Avenue exit; west on Grand to Columbus (becomes Fairbanks Court); north (right) on Columbus to Northwestern Memorial Hospital.

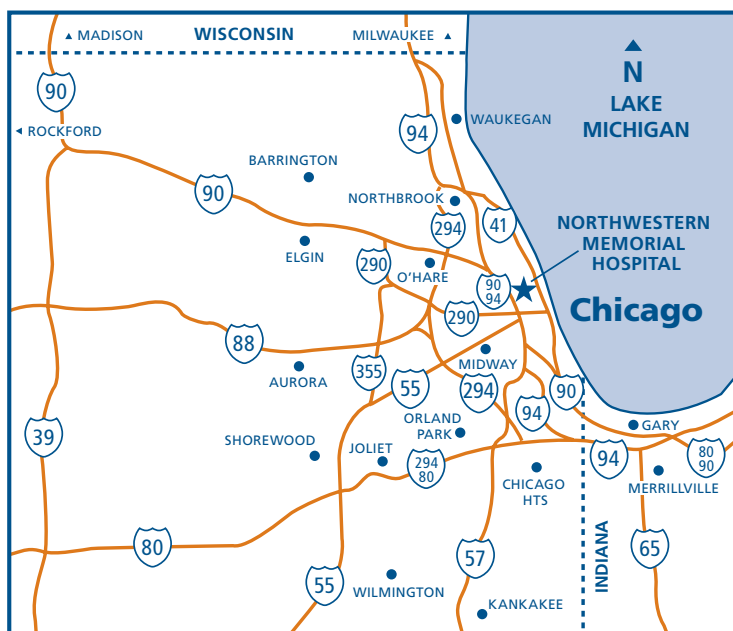
From Indiana:

Option One: I-80 west to I-94; I-94 west to Ohio Street exit; Ohio Street east to Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

Option Two: I-90 west to I-94; I-94 west to Ohio Street exit; Ohio Street east to Fairbanks Court; north (left) on Fairbanks to Northwestern Memorial Hospital.

Public Transportation/Bus Lines

Bus routes include stops at or near Northwestern Memorial. For more information, call the Regional Transportation Authority at 312-836-7000, or visit the Web site at www.rtachicago.com.



Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

Northwestern Memorial is committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care and access to treatment and programs in a non-discriminatory manner, and eliminating healthcare disparities. For questions, please call the Patient Representative department at 312-926-3112, TDD/TTY number 312-944-2358.

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Division of Public Relations, Marketing and Physician Services
For more information about Northwestern Memorial Hospital, please visit nmh.org.
3157-11

Pt label here

Northwestern Memorial Hospital
Radiation Oncology Department
Medical history

Date _____

Please fill out both sides of this form to the best of your ability and
bring it with you when the nurse calls you

Have you ever been diagnosed with any of the following?

<input type="checkbox"/> asthma	<input type="checkbox"/> diverticulitis	<input type="checkbox"/> lupus
<input type="checkbox"/> bleeding problems	<input type="checkbox"/> diverticulosis	<input type="checkbox"/> scleroderma
<input type="checkbox"/> blood clots	<input type="checkbox"/> emphysema	<input type="checkbox"/> prior radiation
<input type="checkbox"/> cancer (other than current disease- please list below)	<input type="checkbox"/> heart disease	<input type="checkbox"/> prior chemotherapy
<input type="checkbox"/> diabetes	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> other (please explain below)
	<input type="checkbox"/> high cholesterol	

Please list any symptoms you are having

Pain ____ Yes ____ no ____ rate pain (0=no pain,10=worst pain)

If yes, describe type and location of pain _____

Past surgeries-include dates

Screening tests-indicate dates

PSA _____

PAP _____

Mammogram _____

colonoscopy _____

Other _____

Women

_____ Last menstrual period _____ # of pregnancies _____ # of children

Do you use birth control pills? ___ Yes ___ no

Do you take hormone pills? ___ Yes ___ no

_____ Hysterectomy? _____ Approximate date of menopause

Do you smoke?

___ yes...how many packs per day? _____ ..for how many years? _____

___ no....have you ever smoked? _____ ...for how many years? _____

how long ago did you quit? _____

Alcohol intake

_____ # of drinks per day/week/month (please circle one) _____ none

List any family history of cancer

Please list all doctors you see, including primary doctor and any specialists. If any of them are not with Northwestern, include hospital, city, and phone numbers if possible.

Patient Name: _____

MR#: _____

Date: _____

Fin #: _____

**Department of Radiation Oncology
Medication / Discharge Form**

Please complete the following. A Registered Nurse will review this list and update it as needed.

ALLERGIES: None ___ (please check none) or list:

Source of Allergy	Reaction	Source of Allergy	Reaction
<i>Example: Penicillin</i>	<i>Hives</i>	3.	
1.		4.	
2.		5.	

Physician Use Only:

MEDICATION - List the names of any medications you are taking. Please include any over the counter medicines (including vitamins, minerals, and herbal supplements). Also include any medications you held for your procedure.	STRENGTH -List the strength of each tablet, capsule, etc.	DOSE - How much are you taking? (number of tablets, capsules, units, etc.)	FREQUENCY -How often do you take the medication? (daily, twice a day, etc.)	ROUTE - How are you taking this medication? (by mouth, injection, patch, etc.)	LAST DOSE TAKEN - Indicate the date and time of the last dose taken	Discharge Changes (check if yes) Refer to Discharge Instructions below*
<i>Example: Toprol XL</i>	<i>100mg</i>	<i>1 tablet</i>	<i>every day</i>	<i>by mouth</i>	<i>this morning</i>	<input type="checkbox"/>
						<input type="checkbox"/>
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						<input type="checkbox"/>

Patient Signature: _____ Date: _____

Do not write below this line- Hospital Staff ONLY!

Discharge Instructions:

- The medications you were taking prior to your treatment(s) have been noted.
 - Based on your treatment today, there should be no changes to your home medications. If you have any questions, please contact your primary care physician.
 - Please note the following Discharge Changes* to your home medications:

2. NEW Medication Instructions (if applicable): _____

3. If you have questions about medications NOT prescribed by your Radiation Oncologist, please contact your primary care physician.

MD/RN Signature: _____ Date: _____

Patient Signature: _____ Date: _____



Dear Patient,

There may be times during the course of your treatment when we will need to contact you in a timely fashion. Whenever possible, we will strive to perform your treatment at your appointed time, but due to the complexity of our machines and the treatments administered in the department, unforeseen situations may arise. These situations may result in delay in your treatment time or the cancellation of your daily appointment. If these situations do occur during the course of your treatment, we apologize in advance and ask for your patience when working with us to reschedule your appointment.

Please provide the following information, if applicable:

Your Home Phone: _____

Your Work Phone: _____

Your Cell Phone: _____

Emergency Contact Person _____

Relationship to you: _____

His/Her Home Phone: _____

His/Her Work Phone: _____

His/Her Cell Phone: _____

Thank You
The Radiation Oncology Staff