Princess Margaret Hospital
University Health Network

Subject:

Patient and Family Library
Search Request Form

Requestor Information: (*Please print clearly)*

Name: _____

Date: _____

Tel: _____

How will the information be picked up:

☐ Library pick-up
☐ Email:
☐ Mail.

Email: _____

Address: _____

You are a: ☐ Patient
☐ Family Member
☐ Other _____

Date Needed: _____

Would you be willing to be contacted by a Patient Education Staff member for a library survey? Yes ☐ No ☐

Search Information

WHAT IS THE **PRIMARY** CANCER DIAGNOSIS:

☐ Brain Tumor
☐ Breast Cancer
☐ Gastrointestinal Cancer
  ☐ Colorectal Cancer
  ☐ Pancreatic Cancer
☐ Genital-Urinary Cancer
  ☐ Bladder Cancer
  ☐ Prostate Cancer
☐ Gynecological Cancer
  ☐ Cervical Cancer
  ☐ Ovarian Cancer
  ☐ Uterine Cancer
☐ Head and Neck Cancer
  ☐ Lip and Mouth Cancer
  ☐ Cancer of the Larynx
  ☐ Cancer of the Nasopharynx
  ☐ Cancer of the Oropharynx
  ☐ Cancer of the Hypopharynx
  ☐ Paranasal Sinuses and Nasal Cavity Cancer
  ☐ Salivary Glands Cancer
  ☐ Thyroid Cancer
☐ Lung Cancer
☐ Malignant Hematology
  ☐ Hodgkin's Lymphoma
  ☐ Leukemia
  ☐ Non-Hodgkin's Lymphoma
  ☐ Multiple Myeloma
  ☐ Other:
☐ Sarcoma
  Type: _____
☐ Melanoma
  Type: _____
☐ Other: _____

What part of the body is affected? (if relevant):

_____

_____

Are you looking for information on metastasis? ☐ Yes ☐ No

Where is the metastasis? _____

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Types of treatment you are receiving:
- ☐ Surgery
- ☐ Chemotherapy
- ☐ Radiation
- ☐ Don't know

Phase of Treatment
- ☐ Haven't started
- ☐ Just starting
- ☐ Half way
- ☐ Finishing
- ☐ Don't know

Staging of Cancer
- ☐ 0 (Non-Invasive)
- ☐ 1
- ☐ 2
- ☐ 3 (Locally advanced)
- ☐ 4 (Metastatic)

Type of Information Requested
- ☐ General disease related information
- ☐ General treatment information (e.g. chemotherapy; radiation therapy; surgery)
- ☐ Specific treatment information (e.g. type of chemotherapy/ radiation therapy; side effects; preparation; alternative therapies; complementary therapies)
- ☐ Clinical trial / Research Study information (e.g. what are clinical trials)

Specific Question(s) and or Keywords

_____

_____

_____

_____

_____

This section MUST be completed by Volunteer.

Volunteer Name: _____ **Date:**_____

1. Is this question best left for the patient's oncologist?
   - ☐ Yes - do not complete search and inform requestor ☐ No - go to step 2
2. Before going on the Internet, I have checked to see if any existing library sources can answer this question?
   - ☐ Library Catalogue
   - ☐ OIES
3. Information taken from the internet is from a reliable source:
   - ☐ OncoLink
   - ☐ Cancer.gov
   - ☐ MedlinePlus
   - ☐ A web site that is listed on the Patient Education web site
4. This search needs to be reviewed by the librarian.
5. What information has been given to the patient or family member?:

_____

_____

_____

_____

Staff Signature _____ Time Taken to Complete Request:_____