



**Subject:**

### Patient and Family Library Search Request Form

**Requestor Information:** *(Please print clearly)*

Name: _____	Date: _____
Tel: _____	How will the information be picked up:
Email: _____	<input type="checkbox"/> Library pick-up
You are a: <input type="checkbox"/> Patient	<input type="checkbox"/> Email:
<input type="checkbox"/> Family Member	<input type="checkbox"/> Mail.
<input type="checkbox"/> Other	Address: _____
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:

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

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

\_\_\_\_\_  
\_\_\_\_\_

Are you looking for information on metastasis?  Yes  No

Where is the metastasis? \_\_\_\_\_



What is the type of treatment you are receiving:

- Surgery
- Chemotherapy
- Radiation therapy
- Don't know

Phase of Treatment

- Haven't started treatment
- Just starting treatment
- Half way through treatment
- Finishing treatment
- Don't know

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

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**This section to be completed by Volunteer.**

**Volunteer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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**Staff Signature** \_\_\_\_\_ **Time Taken to Complete Request:** \_\_\_\_\_