

Greater Baltimore Medical Center New Patient Orientation Checklist

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New Patient Orientation Checklist

Patient Name: _____ DOB: _____

Date: _____ Appointment Time: _____

Nurse Navigator: _____ Start Time: _____ Stop Time: _____

- Provide chart for visit
- Discuss your role
- Distribute Patient Resource Guidebook with Clinical Trials and Cancer Registry brochures
- Provide overview of Patient Resource Guidebook
- Discuss parking vouchers & discounted parking
- Provide business cards for physician, MA, and self
- Discuss difference in role of MA, Nurse Navigator and Advanced Practitioner

Notes: _____

Financial Counselor: _____ Start Time: _____ Stop Time: _____

- Review insurance policy, coverage limits, co-pays and deductibles
- Place business card in Patient Resource Guidebook
- Does their insurance offers an "Oncology Case Manager"?
If yes, obtain their name & phone number _____

Notes: _____

Oncology Support Services: _____ Start Time: _____ Stop Time: _____

- Distress Level: _____ Referral Given: _____
- Provide overview of services
- Give brochures on Oncology Support and Social Workers
- Provide information on library
- Place business card in Patient Resource Guidebook
- Review distress tool and triage for needed resources (refer physical issues to physician)
- Discuss nutritional services and Keri Ryniak's role and provide Keri's business card
- Inform patient that more information regarding nutritional services can be found in the Teach Packet
- Complete Nutrition Screening Tool
 - Referral provided to dietician

Notes: _____

Survivorship: _____ Start Time: _____ Stop Time: _____

Cherbold/policies/Teach Session Checklist w Followup 4-14-14

Source: Greater Baltimore Medical Center, Towson, MD;
Oncology Roundtable interviews and analysis

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- Provide survivorship brochure and business card
- Conduct rehabilitation assessment
- Discuss your role and survivorship program

Notes: _____

Teach Nurse: _____ Start Time: _____ Stop Time: _____

- Instruct patient regarding treatment
- Give tour of infusion facility

Notes: _____

Follow-Up Completed by Oncology Support Services Staff: _____
conducted after 3 cycles of chemotherapy

Date: _____ 1-15 min 16-30 min 31-45 min 46 min-1 hr 1 hr

Distress Level: _____ Referral Sent: _____

Topics Discussed:

- Complete Nutrition Screening Tool
 - Referral provided to dietician
- Nutrition
- Side Effects
- Financial Assistance/Insurance
- Transportation
- Other: _____

Resources Coordinated/Referrals (check & circle all that apply):

- Social Worker
- Dietician (see above)
- Transportation Assistance
- Misc Assistance: Red Devils/BWC Resources/Wigs/Head Coverings/Meals
- Look Good...Feel Better, other support groups
- Other: _____

Notes: _____

***Check List is to be placed in Nursing Section with teach documentation**