

# **New Patient Information**

- The Blood and Marrow Transplant Outpatient Clinic is located on the 3<sup>rd</sup> floor of the Charles A. Sammons Cancer Center;
- In order to complete the registration process, please arrive 30 minutes prior to your scheduled appointment;
- Bring the new patient paperwork completed to your appointment, if possible;
- Be prepared to stay approximately 1-2 hours for your consultation appointment;
- We allow one guest per patient;
- Due to the immunocompromised nature of our patients, we ask that you wear a mask in the clinic;
- Children are not allowed in BMT clinic;
- We encourage you to ask questions during your consultation, so we suggest bringing a notepad and pen;
- A café and vending machines are located in the building (suites 260 and 270);
- If overnight arrangements are needed, there are two nearby options:
  - Home 2 Suites by Hilton, Dallas Downtown at Baylor Scott & White, 214-765-2690
    - Mention medical account #0002736773 to receive a discounted rate.
  - Element by Westin, Dallas Downtown East, 469-399-1049

If you have additional questions or if you need to cancel your appointment, please contact our new patient coordinator desk at 214-370-1816.



# **Directions and Parking**



Texas Oncology – Blood & Marrow Clinic 3410 Worth St. #300, Dallas, TX 75246

#### From North Dallas - Hwy. 75

- South on Hwy. 75
- Exit Haskell
- Tum left on Haskell

# From North Dallas - Tollway

- Take the tollway south and continue until the sign tor Pearl Street (on the left)
- Take Pearl Street exit (left) and continue through approximately12 traffic lights
- Turn left at Pacific Street (which will change into Gaston Avenue)
- Pacific Street will change into Gaston Avenue after you go under Central Expressway
- · Tum right at Hall Street

#### From Dallas I-35

Hospital
Clinic
Other Buildings

- 1-35 to downtown interchange and exit 1-30 East
- · Exit Carroll, Peak and Haskell
- Turn left onto Peak

# From South Dallas I-45 and Hwy. 75

- Take I-30 East
- · Exit Carroll, Peak and Haskell
- Turn left onto Peak
- Turn left at Worth Street to Valet park
- Self-parking is available in the underground garage accessible from Crutcher Street

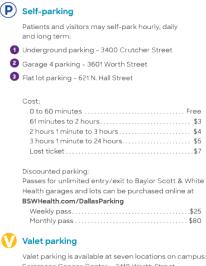
#### From West Dallas I-30

- I-30East
- Exit Carroll, Peak and Haskell
- · Turn left onto Peak
- · Turn left at Worth Street to Valet park
- Self-parking is available in the underground garage accessible from Crutcher Street

# From East Dallas 1-30

- I-30 West
- Exit Carroll/Peak
- · Turn right onto Peak
- Tum left at Worth Street to Valet park
- Self-parking is available in the underground garage accessible from Crutcher Street





Valet parking is available at seven locations on campu: Sammons Cancer Center - 3410 Worth Street Monday - Friday, 7:00 AM - 5:00 PM

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Blood and Marrow Transplant	MRN:		
Supplemental Medical History Questionnaire Form			
Today's Date: Patient Name:	First	Middle or Maiden	_ Date of Birth:
List names and ages of sibblings and indicate if the relationships are (	(1) full, (2) half, or	(3) not biological	:
List names and ages of children and indicate if they are (1) biological	or (2) other (adop	ted, not biological	):
Have you ever been exposed to toxic chemicals/solvents?  If yes, please list:	☐ Yes ☐ No		
Have you ever traveled to a foreign country?  If yes, please list where:	☐ Yes ☐ No		
Have you ever received chemotherapy?  If yes, when was your last dose:	□ Yes □ No		
Have you ever received radiation therapy? If yes, what part of the body and what facility did you receive care:	□ Yes □ No		
Do you currently have a central venous catheter (i,e, port or PICC)?	☐ Yes ☐ No		
Have you ever been exposed to Tuberculosis (TB)?	☐ Yes ☐ No		
Have you ever been told you had TB?	☐ Yes ☐ No		
Have you ever had a poistive PPD (skin test) for TB?	☐ Yes ☐ No	If Yes, date:	
Last Dental Exam (MM/YYYY):			
Do you have animals at home? $\Box$ Yes $\Box$ No $\Box$ If yes, what kind	d of anmials?		
Did you receive immunizations (vaccines) as a child? $\Box$ Yes $\Box$	No		



Blood and Marrow Tra	MRN:				
Supplemental M	ledical History Q	uestionnaire Form	1		
	_				Date of Birth:
		Last	First	Middle or Maiden	
Transfusion History					
	ved a blood product?	☐ Yes ☐ No			
,	•				
If yes, please indicat	e the number of trans	sfusions and have had:			
	Blood (number	r of transfuions)			
	Platelets (num	ber of transfusions)			
Do vou have anv reli	gious or cultural belie	efs that prohibit reciving	blood products? [	□ Yes □ No	
, ,	g		р. соста		
Have you ever had a	reaction to a blood p	roduct? ☐ Yes ☐ No			
If yes please descri	he (include any medic	ations you noew receiv	a hafara gatting n	roducte):	
ii yes, piease descrii	be (include any medic	alions you noew receiv	e before getting pr	oddets).	
Have you ever receiv	ved injections to boos	t your blood count? $\Box$	Yes □ No		
If ves were the injec	rtions for: □ Red Blo	od Cells 🗆 White Blood	l Cells		
ii yoo, woro tilo iiljot	otions for. — Red Bio	od dollo 🗆 Willo Blood	00113		
For Women Only					
Date of last menstru	al pariad:		Was it norr	mal? □ Yes □ No	
Date of last mensuu	ai periou.		was it non	ilai! 🗆 les 🗆 NO	
Have you been throι	ıgh menopause?	$\square$ Yes $\square$ No			
N					
Number of pregnand	des.				
Last Mammogram: _			Results:		
Last DAD smear			Poculter		
Lasti Ai Silleai.			Nesuits		
I certify that the abo	ve information is acci	urate to the best of my	abilty.		
Signature of Patient/	Legally Authorized Re	presentative:		Date:	
Relationship to Patie	nt (if Patient not signi	ng):			<del></del>
For patients requiring	g translation or verbal	reading of this docume	ent, the person rea	ding or translating sho	ould document and sign below:
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Texas Oncology Use	Only				

Reviewed By: \_\_

Date Reviewed: \_\_\_