

Infusion Port Placement Interview Form

Patient Name: _____ Date: _____

1. Why do you need a Port-a-Cath or Groshong placed?

Chemotherapy _____

IV Nutrition _____

IV Antibiotics _____

Other _____

2. If chemotherapy, what type of cancer have you been diagnosed with?

3. Who is your Hematology Oncologist? _____

- | | | | |
|----------------|-------------|------------|---------------|
| Dr. Avery | Dr. Berg | Dr. Dunder | Dr. Green |
| Dr. Hutchins | Dr. Knox | Dr. McHam | Dr. Midathada |
| Dr. C Peterson | Dr. Tilford | | |

4. Who is your Radiation Oncologist? _____

- | | | | |
|-------------|----------|-----------|---------|
| Dr. Barrios | Dr. Chiu | Dr. Hynes | Dr. Rao |
| Dr. Yiee | | | |

5. When is your first round of chemotherapy scheduled? _____