



CENTRA

Alan B. Pearson  
Regional Cancer Center

1701 Thomson Drive  
Lynchburg, Virginia 24501

Phone: 434.200.4010  
Web: [www.centrahealth.com](http://www.centrahealth.com)

Dear Patient,

Welcome to Radiation Oncology located at 1701 Thomson Drive, in the Centra Alan B. Pearson Regional Cancer Center. When you enter the front door of the center Radiation Oncology is found to your right on the first floor. Our receptionist will greet you at the registration window.

For your convenience, we have enclosed a health questionnaire as well as some other forms for you to complete and bring with you to your appointment. Also please bring a list of all medications you are currently taking as well as your insurance card and picture identification. We have also enclosed a map to our office.

In consideration of other people who may have breathing complications and/or allergies we ask that you do not use or spray perfumes, fragrant lotions, powders or aftershave when coming to Radiation Oncology.

You will be called prior to your appointment by our registrar and asked to provide insurance information. Please note that there are certain insurance providers that our private practice physicians do not participate with. The list of participating providers is enclosed for your convenience. Please contact our office prior to your appointment if your insurance provider is not one of these listed. Also, if your insurance changes at any point while you are a patient with us, please provide us with your new insurance information as soon as you have this information.

Following your appointments you will receive two bills, a bill from Centra as well as a bill from our private practice physicians, Radiation Oncology Associates.

To answer frequently asked questions, we have enclosed a patient information pamphlet.

We look forward to meeting you, serving your healthcare needs, and thank you for choosing the Centra Alan B. Pearson Regional Cancer Center.

Sincerely,  
Radiation Oncology  
Alan B. Pearson Regional Cancer Center  
Centra Health



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## Insurance Providers that Radiation Oncology Associates participate with:

Medicare (all Advantage Plans)

Medicaid

VA Premier-Medicaid Only

Optima-HMO

Anthem (Healthkeepers)-BC/BS

Cigna

Coventry (Southern Health)

Aetna Better Health

BWXT- Energy Employees Occupational Insurance

PACE (A Program of All-inclusive Care for the Elderly)

Piedmont Community Health Plan (PCHP)

United Healthcare

Humana

**RECORDS RELEASE AUTHORITY  
CENTRA  
ALAN B. PEARSON REGIONAL CANCER CENTER  
DEPARTMENT OF RADIATION ONCOLOGY**

To: \_\_\_\_\_

I, \_\_\_\_\_ hereby request that you release to:  
(Name of patient or guardian)

**ALAN B. PEARSON REGIONAL CANCER CENTER  
DEPARTMENT OF RADIATION ONCOLOGY  
1701 THOMSON DRIVE  
Lynchburg, VA 24501  
434.200.4010  
FAX 434.200.7400**

Reports of my diagnosis, treatment prognosis, and recommendations, as well as other data pertinent to your treatment of me.

\_\_\_\_\_  
(Date of request)

\_\_\_\_\_  
(Patient's signature)

\_\_\_\_\_  
(Witness)

I also authorize The Department of Radiation Oncology to release my medical records to physicians who are currently participating in my care.

\_\_\_\_\_  
(Patient or guardian's signature)

My medical condition may be discussed with the following family or non-family members:

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

Authorization valid for one year

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Depression Screening**

Over the past two weeks have you experienced:

- |   |                    |
|---|--------------------|
| Little interest or pleasure in doing things | Yes _____ No _____ |
| Feeling down, depressed, or hopeless        | Yes _____ No _____ |
| Thoughts of harming yourself or others      | Yes _____ No _____ |

**Which statement below describes your energy level? Choose one.**

- Fully able to carry on all pre-disease activities without restriction
- No physically strenuous activity, but ambulatory and able to carry out light house or office work.
- Ambulatory, capable self-care, unable to perform any work activities (50% or more of the day)
- Capable of limited self-care, confined to a bed or wheelchair (More than 50% of waking hours)

Please mark current problems below:

- None of the problems mentioned below

**General**

- Anxiety
- Fatigue
- Fever or chills
- Night sweats
- Poor appetite
- Sleep Apnea
- Weight loss

Date of Flu Vaccine: \_\_\_\_\_

**Eyes**

- Blurred/ Double vision

**Ear/Nose Mouth/Throat**

- Dentures
- Ear pain
- Hearing loss
- Mouth dryness
- Mouth sores
- Nosebleed
- Ringing ears
- Swallowing

**Pain/Trouble**

- Taste altered
- Tooth problems

**Neck**

- Masses
- Pain
- Stiffness
- Swelling

**Skin**

- Changing Moles
- Dry skin
- Hair loss
- Itching
- Rash

**Arms**

- Swelling/Fullness

**Breasts**

- Breast masses
- Breast swelling
- Nipple discharge
- Nipple inversion

**Heart / Circulation**

- Chest pain
- Leg swelling
- Irregular heart beat
- Pacemaker / Defibrillator
- Palpitations

**Respiratory / Lungs**

- Cough
- Coughing up blood
- Coughing up mucus
- Breathing problems
- Pain with breathing
- Shortness of breath
- Wheezing

**Gastrointestinal**

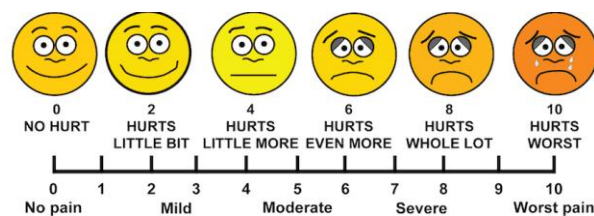
- Abdominal pain
- Black or bloody stools
- Constipation
- Diarrhea / Loose stool
- Heartburn
- Hemorrhoids
- Nausea
- Vomiting
- Vomiting blood

**Urine / Genital/ Sexual**

- Blood in urine
- Urgency or burning
- Decreased sexual function
- (MEN) Erection Difficulty
- Loss of urine control
- Pain with sex
- Urinating at night
- Urinating > every 2hours
- Change in urine color

Please rate pain: \_\_\_\_\_

Location: \_\_\_\_\_



**Female Only**

- Vaginal discharge or bleeding

Is there a possibility that you could be pregnant?

Yes  No  Initials: \_\_\_\_\_

**Musculoskeletal**

- Bone pain
- Joint pain or swelling
- Muscle weakness
- Stiffness

**Neurologic**

- Balance problem
- Difficulty sleeping
- Dizziness
- Headaches
- Memory loss
- Numbness of hands or feet
- Seizure
- Tingling

**Hormone**

- Hot flashes

**Blood / Lymphatic**

- Easy bruising
- Swollen lymph glands

**Tobacco Use**

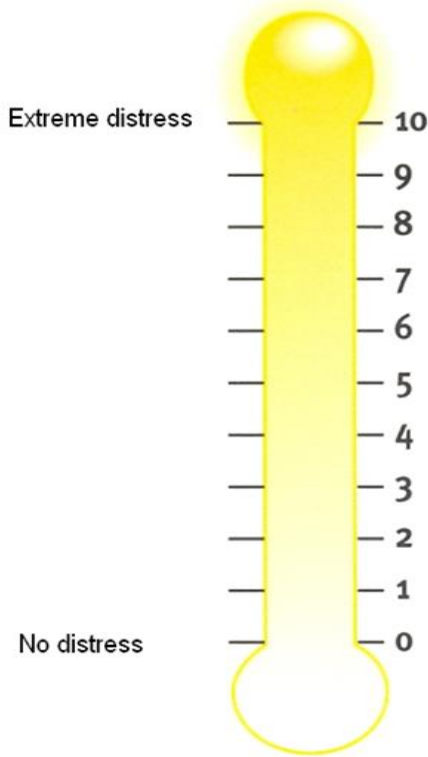
- No
- Yes / How many daily \_\_\_\_\_

**Alcohol Use**

- No
- Yes / How many daily \_\_\_\_\_

**Other problems:** \_\_\_\_\_

Circle your overall distress level on the thermometer. Please mark the boxes below that are causing distress in your life.



Yes	No	<b>Practical Problems</b>
		Child care
		Housing
		Insurance/Financial
		Transportation
		Work/School
		Treatment decisions
		<b>Emotional Problems</b>
		Depression
		Fears
		Nervousness
		Sadness
		Worry
		Loss of interest in usual activities
		<b>Family Problems</b>
		Dealing with children
		Dealing with partner
		Ability to have children
		Family health issues
		<b>Spiritual/Religious Concerns</b>

YES	NO	<b>Physical Problem</b>
†	†	Appearance
†	†	Bathing/dressing
†	†	Breathing
†	†	Changes in urination
†	†	Constipation
†	†	Diarrhea
†	†	Eating
†	†	Fatigue
†	†	Feeling Swollen
†	†	Fevers
†	†	Getting around
†	†	Indigestion
†	†	Memory/concentration
†	†	Mouth sores
†	†	Nausea
†	†	Nose dry/congested
†	†	Pain
†	†	Sexual
†	†	Skin dry/itchy
†	†	Sleep
†	†	Tingling in hands/feet

**Exercise**

- No
- Yes

Type: \_\_\_\_\_  
 Times per week: \_\_\_\_\_.

Date of last PSA (for men): \_\_\_\_\_

Date of last colonoscopy: \_\_\_\_\_

Date of last PAP (for women): \_\_\_\_\_

Have you ever received Radiation Therapy before?  No  Yes If Yes, where? \_\_\_\_\_

Would you like a chaperone present during your exam?  Yes  No

Please list all surgeries:

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Please list all current medications: *Bring list or bottles* Preferred Pharmacy: \_\_\_\_\_

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Please list all Medication Allergies: \_\_\_\_\_

Please list all Physicians you are seeing or would like our records sent to: \_\_\_\_\_

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Are you seeing a Medical Oncologist? If so, please list: \_\_\_\_\_

If needed, may we contact via email or text with medical info or appointments:

No Yes:  Email  Cell phone / Text Cell phone number: \_\_\_\_\_ Carrier: \_\_\_\_\_

Email address: \_\_\_\_\_



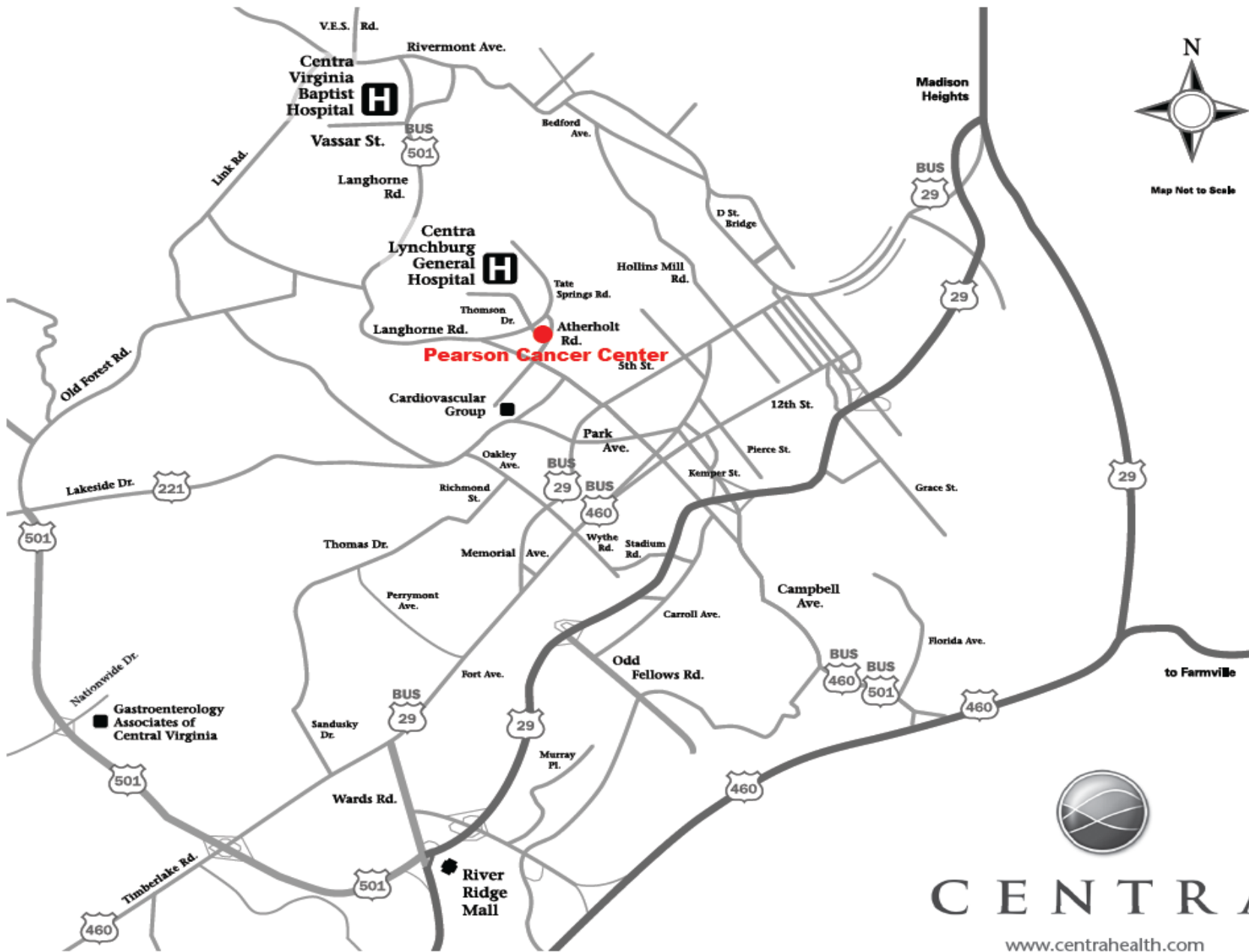
# My Medicine List

<b>What I'm Using</b> (Name of the medicine – generic and brand name)	<b>What it Looks Like</b> (Color, shape, size, markings, etc.)	<b>How Much</b> (Dosage, amount, etc.)	<b>How to Use &amp; When to Use</b>	<b>Start/ Stop Dates</b>	<b>Why I'm Using</b> (Notes about my medicine)	<b>Who Told Me to Use It</b> (Who Prescribed This Medicine)
<b>Enter ALL prescription (Rx) medicine (including samples), over the counter (OTC) medicines and supplements/vitamins</b>						

**Bring this list with you to EVERY visit. Keep it up to date with all new medicines.**

**Bring to all other doctor visits, and drug store. Write down all new medications or dose changes.**

*Be sure to carry the list with you at all times in case of an emergency.*



Turn over for written directions

**From Charlottesville:**

Take US 29 South toward Lynchburg. Take exit for VA-210 W/Downtown Lynchburg. Turn right onto Riverview Rd. Take left to merge onto US-29 BUS S/Lynchburg Expy toward Lynchburg. Take the Kemper St exit. Follow Kemper St then take a left onto 12<sup>th</sup> Street. At the next light, take a right onto Campbell Ave and continue straight onto Langhorne Rd. The Alan B. Pearson Regional Cancer Center will be on your right just past the light at Atherholt Rd.

**From Rustburg:**

Take 501 North/Campbell Hwy toward Lynchburg. Campbell Ave turns into Kemper St. Follow Kemper St then take a left onto 12th Street. At the next light, take a right onto Campbell Ave and continue straight onto Langhorne Rd. The Alan B. Pearson Regional Cancer Center will be on your right just past the light at Atherholt Rd.

**From Altavista:**

Take US 29 North toward Lynchburg. Follow US 29 Business (Wards Rd). Continue straight onto Fort Ave. Take a left onto Memorial Ave. At the 5<sup>th</sup> traffic light, take a left onto Langhorne Rd. The Alan B. Pearson Regional Cancer Center will be on your right just past the light at Atherholt Rd.

**From Forest:**

Take US 221 N/Forest Rd toward Lynchburg. Continue straight onto Lakeside Drive. Make a left onto Murrell Rd. At the next light, make a left onto Langhorne Rd. The Alan B. Pearson Regional Cancer Center will be on your right just past the light at Atherholt Rd.

**From Roanoke/Bedford:**

Take US 460 East toward Lynchburg. Take the US-501N/Candlers Mountain Rd Exit. Make a right onto US 29 BUS N/Lynchburg Expressway. Take the Kemper St exit. Follow Kemper St then take a left onto 12th Street. At the next light, take a right onto Campbell Ave and continue straight onto Langhorne Rd. The Alan B. Pearson Regional Cancer Center will be on your right just past the light at Atherholt Rd.