STANFORD ADULT
Cystic Fibrosis
Advisory Council

HELP US, HELP YOU

this form can be downloaded at: http://cfcenter.stanford.edu/acfac/links.html

We want to know more about you so we can best help you. Please complete this form and hand it to your nurse.

Personal Information:

Name:

People involved in my care (name, relationship):

Foods I like:

Foods I avoid:

Exercise I like:

What would help me exercise in the hospital:

Something I want the hospital staff to know about me:

Things I do for fun:

Things that make me calm:

I am interested in a complimentary CF massage: yes no

Other notes about me:

Medical Information:

My medical routine: Hospital days start at 7am. Given the early start…

When do you prefer to do CPT and what type of CPT (manual, G5, Vest, pneumatic percussor [like FluidFlo])?

Are you more comfortable if certain medications are taken with food, or on an empty stomach?

If you are diabetic, when do you need to check your blood sugar?

Additional medical routine notes:

My medical allergies:

Allergy Reaction

Important medical notes about me: For example, do you…

Have a PICC line or port? If you have a port, when was it placed? What size access needle do you use (note gauge and length)?

Have a g-tube?

Have an insulin pump?

Need supplemental oxygen?

Are you diabetic? If so, what is your insulin brand, carbohydrate ratio, correction factor, sliding scale, etc.?

Do you know your average heart rate, oxygen saturation, and blood pressure?

heart rate: oxygen saturation: blood pressure:

Do you have any pain or injuries?

Additional important notes about me:

STANFORD ADULT
Cystic Fibrosis
Advisory Council

HELP US, HELP YOU

My hospital medication list: For example, Digestive enzymes, Vitamins, Digestive Aids, Inhalers, Nebulizers, Sinus care, Antibiotics, Integrative or Alternative therapies, etc.

Drug Name	Dose (mg, mL, etc.)	Frequency	Route (pill, IV, inhaler, nebulizer, etc.)

(cut here)

We Want to Hear Your Voice

Please return this section to your patient care manager, Nerissa Del Rosario.

Was this form helpful to you?

What, if anything, could be added to this form to make your hospital admission a better experience for both you and the SUH medical staff? (feel free to continue on back side)

Name: (optional)

You can contact me by: (please circle one: phone • email • home address): (optional)

STANFORD ADULT
Cystic Fibrosis
Advisory Council

HELP US, HELP YOU

Created by the Stanford Adult CF Advisory Council