

This worksheet is to be used for curative or palliative treatment of Non-Hodgkin's Lymphoma. If the treatment is for metastases from Non-Hodgkin's Lymphoma, please use the appropriate metastatic worksheet.

Patient name:	
What is the radiation therapy start date (mm/dd/yyyy)? _____ / _____ / _____	
1.	<p>a. What is the histology?</p> <p><input type="checkbox"/> Indolent, such as Follicular lymphoma, MALT (including gastric, orbital)</p> <p><input type="checkbox"/> Aggressive, such as Diffuse Large B-cell Lymphoma (DLBCL), Mantle cell lymphoma</p> <p><input type="checkbox"/> NK/T lymphoma</p> <p><input type="checkbox"/> Mycosis Fungoides (MF)</p> <p><input type="checkbox"/> Primary CNS Lymphoma (PCNSL)</p> <p><input type="checkbox"/> Other</p>
	<p>b. If NK/T lymphoma is selected, will the patient be receiving concurrent chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>c. If Mycosis Fungoides is selected, is this request for total skin electron beam therapy (TSEBT)? If yes is selected, skip forward to question #7. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>d. If PCNSL is selected, do not continue with the Non-Hodgkin's Lymphoma worksheet. Instead, complete the CNS Lymphoma worksheet.</p>
2.	<p>What is the treatment intent?</p> <p><input type="checkbox"/> Adjuvant (i.e. following chemotherapy)</p> <p><input type="checkbox"/> Definitive</p> <p><input type="checkbox"/> Salvage (Curative)</p> <p><input type="checkbox"/> Palliative</p>
3.	<p>What is the stage?</p> <p><input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVA</p> <p><input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVB</p>
4.	<p>Is treatment being directed above the diaphragm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>What is the site/location of treatment?</p> <p>Fill in the site: _____</p>

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6.	What is the treatment technique? <i>Select a technique for each applicable phase, and fill in the number of fractions.</i>	
	Phase 1	Phase 2
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Electrons	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Electrons
	Number of fractions: _____	Number of fractions: _____
7.	If request is for total skin electron beam therapy (TSEBT), how many fractions will be rendered? See question #1c.	Number of fractions: _____
8.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Note any additional information in the space below:	