Participant and Caregiver Registration Form

Welcome to Stewart's Caring Place: Cancer Wellness Center.
Please complete the following information to help us better serve you.

Date: ______________________________________ Date of Tour: _________ Int: ______

Name: ____ Date of Birth: __________________________

Address: ____ City: ________________ State: ______ Zip: ___________

County: _______________________ Phone: ______________________ Secondary Phone: _________________

Email Address: ____ Gender: M F O Marital Status: ______________

Emergency Contact: Name _____________________________ Phone #: ____________________________________

Participant:
Check which best describes you:

____ Recently diagnosed with cancer
____ Currently in treatment for cancer
____ Finished treatment less than six months ago
____ Finished treatment between six months and one year
____ Long-term cancer survivor

Caregiver:
Check which best describes you:

____ Spouse/Partner of someone in treatment
____ Parent of someone in treatment
____ Sibling of someone in treatment
____ My loved one is in hospice care
____ Bereaved
____ My loved one is a participant at Stewart's Caring Place (Name) ________________________

If you or a loved one has been diagnosed with cancer, please list the diagnosis. ______________________________________

If you are being treated for cancer or have been treated for cancer, please check any pertinent therapies:

□ Surgery □ Chemotherapy □Radiation □ Hormone Therapy □ Reconstructive Surgery

At which medical facility/provider are you receiving care? ____

Name of Oncologist or Physician: ____

I would like help with the following:

□ Fatigue or loss of sleep
□ Caregiving strategies
□ Anxiety, depression or sadness
□ Communicating with my loved ones
□ Long-term survivorship
□ Hair thinning or hair loss
□ Spiritual concerns
□ Financial concerns
□ Relationships and intimacy
□ Support Groups
□ Loss of appetite and nutrition
□ Meal preparation
□ Physical activity and exercise
□ Grieving
□ Other: ______________________

How can Stewart's Caring Place be helpful to you and your family?

____

Do you have children or grandchildren under the age of 18 who either live in your home or spend time with you in your home?

□ Yes □ No Names and ages: ____

(Over, please)

How did you hear about Stewart's Caring Place? ____

**Thank you for providing this information as we provide services at no cost to you through grants and donations. **
This information is used for statistical purposes only. Your individual information will never be released.**

Please indicate which best describes your health care coverage. Check all that apply:

Private Insurance   Medicare   Medicaid   No health care coverage   Applying for coverage

Income Level:

$0 - $14,999 $15,000 - $29,000 $30,000 - $44,999 $45,000 - $59,000 $60,000 +

How many people live in your home: __________________   **Race:** ___________________

Occupation: ____   **Employer**: ____

I understand and agree that my consent to these services is given in consideration of my being permitted to participate in the complementary or alternative health care services provided by Stewart's Caring Place. I acknowledge that I am a voluntary participant in these activities and assume full and complete responsibility for any injury, loss or damage which may occur during my participation in these events or while on the premises of Stewart's Caring Place. I hereby release and hold harmless Stewart's Caring Place, the complementary or alternative health care provider, and all employees, agents and directors of Stewart's Caring Place for any and all claims, causes of action, suits or other proceedings which in any way relate to my participation in the complementary or alternative health care services upon the premises of Stewart's Caring Place for personal injuries or any other damages sustained.
I have received a copy of the policies of Stewart's Caring Place and acknowledge my understanding of them.

Signature: ____   Date: ______________________________

Staff Only:

Notes:____
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Database Entry Date: ______________