



LivingWell Cancer Resource Center Participant Information Form

Date _____

Phone / Walk-In _____

Welcome to LivingWell Cancer Resource Center. Please take a moment to complete this confidential form to help us serve you better. Your personal information will not be shared with anyone outside of LivingWell.

Thank you for your cooperation.

Your Information

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email Address: _____ Gender: ___ Male ___ Female Date of Birth: ___/___/___
 Marital Status: ___ Single ___ Married ___ Divorced/Separated ___ Widowed ___ Committed Relationship
 Race: ___ White, Non-Hispanic ___ Hispanic ___ African American ___ Asian ___ American Indian Other _____
 Emergency Contact: _____ Phone: _____

You or your loved one's cancer experience

Name of Person with Cancer: ___ SELF or Name: _____ Relationship to you: _____
 Primary Cancer Type: _____ Cancer Stage: _____ Date of Diagnosis: _____
 Primary Oncologist/Cancer Specialist: _____ Hospital: _____
 Treatment Status: ___ Pre-treatment ___ Active treatment ___ Completed treatment during past 18 months
 ___ Treatment completed more than 18 months ago ___ Completed treatment and still taking oral hormones
 ___ Supportive Care Only ___ Other _____

Who may we thank for referring you to LivingWell Cancer Resource Center (please check all that apply and fill in name if known)?

	Name
<input type="checkbox"/> Hospital	
<input type="checkbox"/> Doctor	
<input type="checkbox"/> Nurse	
<input type="checkbox"/> Family/Friend	
<input type="checkbox"/> Participant	
<input type="checkbox"/> Brochure	
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Religious Org.	
<input type="checkbox"/> LWCRC Website	
<input type="checkbox"/> Other Website	
<input type="checkbox"/> LWCRC Volunteer	
<input type="checkbox"/> LWCRC Board Member	
<input type="checkbox"/> Other	

Today I phoned ___ / visited ___ LivingWell Cancer Resource Center for:

- General information about LWCRC
- Resources (Library, referral to other resources, wigs, scarves)
- To attend a Support Group
 Name of Group: _____
 Date Attended: _____
- To attend a Mind Body Fitness Program
 Name of Program: _____
 Date Attended: _____
- To attend a Special Presentation or other Educational program
 Name of Program or presentation: _____
- Other _____

How would you prefer us to contact you?

Phone If you select "Phone", may we leave a message? Yes No
 Email
 No, I would not like to be contacted.

PLEASE READ AND SIGN THE WAIVER ON THE BACK OF THIS FORM

**LIVINGWELL CANCER RESOURCE CENTER
PROGRAM RELEASE AND WAIVER FORM**

LivingWell Cancer Resource Center's mission is to instill knowledge, optimism and inspiration in people living with cancer, and in those who love them. LivingWell Cancer Resource Center (LivingWell) aspires to provide superior programs and services that meet the needs and concerns of our participants. We hope that our participants feel supported, educated and cared for while at LivingWell. Although LivingWell does not anticipate any problems, it is possible that some of the programs/services at LivingWell may involve a degree of risk, injury or hazard for some participants. Therefore, all participants are requested to read and sign this document. We look forward to a healthy future together.

Release and Waiver:

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the classes/programs/services offered by LivingWell Cancer Resource Center. I am aware that participation in some of these classes/programs/services may require physical exertion and a minimum level of physical fitness. I am voluntarily participating in the classes/programs/services and I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

In consideration for participation in the classes/programs/services I waive any claims or liability against LivingWell Cancer Resource Center and/or the LivingWell Cancer Resource Center staff/instructors/other participants for injury or damages that I may sustain as a result of my participation.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant Name: (please print) _____

Participant Signature: _____ **Date:** _____

OR

Parent/Guardian Signature: _____

(If participant is under eighteen years old)

Date: _____

Photo Release and Waiver:

I hereby give permission to LivingWell Cancer Resource Center to print and publish for public relations purposes my photo should one be taken of while at the center.

Participant Signature: _____ **Date:** _____

____ I DO NOT GIVE PERMISSION TO PRINT AND PUBLISH MY PHOTO SHOULD ONE BE TAKEN AT THE CENTER