

Welcome!

At Cancer Services, we are here to partner with you in your cancer journey. We're a United Way Agency, so everything we offer is provided to you at no charge. Filling out this information thoroughly helps us serve you best.



Date _____

Client's First Name _____ MI _____ Last Name _____

Help Us Communicate With You

We want to let you know about services available, programs, and events you might be interested in.



Physical Address _____

City _____ State _____ Zip Code _____ County _____

Check if you have a different mailing address _____

Home Phone _____ Cell Phone _____



Email Address _____

We always keep your personal information private. Email addresses are used for communicating time sensitive and relevant program information. You may unsubscribe at any time.

Race (Check One): Black White Asian Other

Ethnicity (Check one): Non Hispanic Hispanic

Marital Status _____ Gender - Male Female

Age _____ Date of Birth _____

of People Living in Home (including yourself) _____

Are any under the age of 18? Yes No If yes, what ages? _____

Talking to Kids About Cancer

Communicating with the children in your life about a cancer diagnosis can be difficult. We can provide you with resources & programs for age appropriate ways to talk about cancer.



Caring for the Caregiver



Family and friends are all affected by a loved one's cancer diagnosis. They can experience feelings of worry and concern and want to know how to best care for their loved one. Most of our programs welcome friends and family.

Name of Primary Caregiver _____ Relationship _____

Phone Number _____ Email _____

Resources Specific to Your Situation

The following information will help us provide you with information and services for you and your caregivers.



What type of cancer? _____ When Diagnosed: Month ____ Year ____

Who is your oncologist/cancer doctor? _____

At which hospital do you receive treatment? _____

Are you currently in treatment?

No - When was last treatment? Month ____ Year ____

Yes - What is the current treatment plan? Starting _____ through _____

Check all that apply Surgery Chemotherapy Radiation Other _____

Treatment Resources

Regional and national funds may be available to help with needs related to treatment.



Do you currently have health insurance? YES NO

Type: ____ Medicare ____ Medicaid ____ Medicaid Pending ____ Other _____

What type of prescription coverage? ____ None ____ Medicare D ____ Co-pays ____ Other _____

Support Your Body & Mind



There are steps you can take to support your body and mind during and after cancer treatment. Medical treatment targets the tumor, while wellness programs can help support your whole body through the process! Ask about current available programs.

Physical * Emotional * Mental * Spiritual

How are you and your caregiver coping with the stress of this diagnosis?

POOR

FAIR

AVERAGE

GOOD

EXCELLENT

Next Steps

Help us help you! Are you interested in any of the following?

Nutrition

Support Programs

Arts & Wellness

Healing Therapies

Financial Assistance

Beauty Programs



Are there other things that we can assist you with?

We look forward to partnering with you & your caregivers as you navigate through this time. We are here to help!