Client Intake Form

At Cancer Services, we are here to partner with you in your cancer journey. We're a local nonprofit and everything we offer is provided to you at no charge. This information helps ensure we provide you with comprehensive services you can access.

CANCER SERVICES
Enhancing Health, Life, & Survivorship

Date: _____

Client's First Name_____ MI _____ Last Name_____

Date of Birth: _____ Gender (Circle): Male Female

Marial Status: _____

Race (Circle): Black White Asian Other_____ Ethnicity (Circle): Non-Hispanic Hispanic

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 _____

☐ Mailing address (if different from physical address)

Home Phone _____Cell Phone _____

Email Address _____

# of People Living in Home (including yourself) _____

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

Emergency Contact:

Name: _____ Relation: _____

Cell Phone: _____ Email Address: _____

*We **always** keep your personal information private. Email addresses are used solely for communicating time-sensitive and relevant program information. You may unsubscribe at any time. Funding sources may request demographic information.*

What type of cancer do you have? _____Date of Diagnosis: Month _____ Year _____

Who is your oncologist/cancer doctor?_____

At which hospital do you receive treatment? (circle one) Novant Atrium Cone Other_____

How did you hear about Cancer Services? (circle one) Hospital Friend Other (list):_____

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

- ☐ Appearance Boutique
- ☐ Art and Wellness
- ☐ Financial Assistance
- ☐ Healing Hands
- ☐ Medical Equipment & Supplies
- ☐ Nutrition Programs
- ☐ Patient Advocacy
- ☐ Survivor Seminars + Conferences
- ☐ Wellness Groups

Please also complete the back of this form

Cancer Services, Inc - 3175 Maplewood Ave - Winston-Salem, NC 27103
Phone: (336) 760-9983 Email: csi1955@CancerServicesOnline.org Website: CancerServicesOnline.org

Resources Specific to Your Situation

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

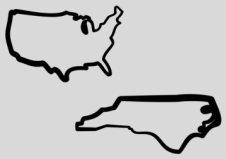
Are you currently in treatment?

☐ **No – When was the 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: (circle one) Medicare — Medicaid — Medicaid Pending — Other _____

What type of prescription coverage do you have? None — Medicare D — Co-pays — Other _____

Are there other things that we can assist you with?_____

_____

INFORMATION RECEIPT OR RELEASE

Client Name: _____Client County:_____

I hereby give my permission to Cancer Services, its principals, employees, public benefits advocates, and agents to obtain, from any source, including but not limited to hospitals, physicians, medical providers, agencies, social service organizations, and others, all records and/or financial information concerning me. This permission extends to photocopying, reviewing, and releasing such information, at the discretion of Cancer Services, to any and all public or private agencies or individuals for the purpose of evaluating, applying for, and attempting to obtain public or private benefits for me and/or my immediate family.

I understand that Cancer Services will make every effort to protect my identity and personal information, and that only the information necessary for this purpose will be disclosed. I also acknowledge that the issue of privacy between my attending physician(s), any institution, Cancer Services, and myself is hereby waived.

This consent and release is subject to revocation by me or my legal representative at any time upon written notice to the Patient Advocate Director, Cancer Services, 3175 Maplewood Ave., Winston-Salem, NC 27103.

A photocopy or telefacsimile (or copy by other electronic means) of this executed Information Receipt or Release shall be valid as the originally executed document.

Signed_____Date_____