

Staff/Volunteer: _____

Date: _____

Peer Support Request

Please Complete Entire Form Legibly

General Information

Name: _____
 Address: _____

 Email: _____

Phone Numbers:		Can Leave Message?
Day	_____	Y or N
Evening	_____	Y or N
Cell	_____	Y or N
Best time to call?		

Personal and Medical Information (Check/circle the following)

Sex (circle): M or F Age: _____
 Cancer Type: _____
 Stage: _____ Grade: _____ (if known)
 Primary: _____ Recurrence: _____ Metastatic: _____

1. Current Treatments, 2. Proposed Treatments (Surgery, Radiation/Chemotherapy, Drug Treatments, Complementary Alternative Medicine), 3. Where Receiving Treatment? What is the name of the doctor?
(Please COMPLETE as much as possible.)

1. Family Support (Marital Status, Family, Children, Friends), 2. Other Comments Regarding Situation

What would be most helpful for you in speaking with a Peer Support Volunteer?

ADMIN ONLY NOTES/REMINDER

Inform about support groups, nutrition and exercise workshops (check workshop dates/contact info.)

NOTES: (Fill in dates)

Consent form: emailed _____ mailed _____ handed out _____ faxed _____

Consent form received on: _____

Additional Comments: