

## JGH Hope & Cope Wellness Centre Lou's house

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## **REGISTRATION FORM - Please Print**

The Wellness Centre is dedicated to providing you with the best possible programs and services both during and after treatment for cancer, to help you reach your **wellness goals**. To do so, we require information about who is registering with the Wellness Centre. Please complete the following. **All responses are strictly confidential.** We also need you to read and sign the attached **liability form** and to initial each of its points.

R	egistratio	on volunte	er or staff			
1.	Date [	Day / Month /	JGH card numb	er: U		
2.	Name	First name	Maiden nar		the preferre	Family name d last name)
3.	Address	Street				Apt. #
		City		Pro	vince	Postal Code
4.	a) Tel.	( )	(Home)	(	)	(Cell)
		( )	(Office)	e-m	nail	
5	On you	ır voice mail?	eceive messages and/or P Yes □ No □ By e-ma T / Month / Year			cion: By regular mail? Yes □ No □
6.	Your gend	ler: Female	□ Male □			
7.	Marital S	tatus: Single	e □ Married/common-la	aw 🗆	Divorced/w	ridowed □
8.	What is t	he highest gr	rade or level of education	n you	ı have ever c	completed (check only one)?
	☐ Colleg	school or less Je or equivale rsity or more	ent			
9.	a) What la	anguage of co	ommunication do you p	refer?	(French □	English $\square$ or both $\square$ )
	b) What la	anguage do y	ou speak at home? Sp	ecify:		

10. a) Are you using or have you used any of Hope & Cope's services (other than the Wellness Centre	∍)?			
Yes □ No □ Specify:				
b) Are any other family members using or have used any of Hope & Cope's services (other than the Wellness Centre)? Yes □ No □ Specify:				
11. You are registering with the Wellness Centre as: (check what applies)				
<ul><li>□ A cancer patient and/or cancer survivor</li><li>□ A family member/friend who acts as a caregiver</li></ul>				
12. Who referred you to the Wellness Centre?				
<ul> <li>□ Myself</li> <li>□ Family/friends</li> <li>□ Hope &amp; Cope / Wellness Centre staff or volunteer</li> <li>□ Doctor's referral for exercise program evaluation</li> <li>□ Doctor's referral for programs other than the exercise program</li> <li>□ Referral from other hospital staff (e.g. nurse, social worker)</li> <li>□ specify:</li> <li>□ Community agencies, such as Canadian Cancer Society, CLSC</li> </ul>				
specify: ☐ I heard about it in the community (media, JGH web site, Hope & Cope web site) ☐ Other (specify):				
If you had a cancer diagnosis, please answer all remaining questions.  If you have <u>not</u> had a cancer diagnosis, please skip to questions # 17				
13. a) Date of diagnosis/ Month/Year				
b) Type(s) of cancer(s):				
c) What type(s) of treatment have you received or are scheduled to receive (check all that ap				
<ul> <li>□ Surgery</li> <li>□ Chemotherapy</li> <li>□ Radiation</li> <li>□ Hormone Treatment</li> <li>□ Bone Marrow Transplant</li> <li>□ Stem Cell Transplant</li> <li>□ Other (specify):</li></ul>				
14. Have you experienced any recurrences or metastases? Yes $\square$ No $\square$				
a) Date(s) of recurrence(s) or metastases:				
b) Type(s) of recurrence(s) or metastases:				
15. What is the name of your primary cancer specialist?				
16. At which hospital are you receiving treatment?				
<ul><li>□ Jewish General Hospital</li><li>□ Other → please specify:</li></ul>				

17. As the Wellness Centre is part of the McGill University network, part of our mandate involves conducting research projects about our various services. Would you be willing to be contacted in the future about any of these projects? (This research will help us improve the Wellness Centre's services for the benefit of current and future participants.) Yes □ No □ <i>Thank you!</i>
18. My Wellness Goals are (for mind, body & spirit health), as of today:
a)
b)
c)