

Participant Information Form



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

First and Last Name

Sex (Legal)

- Male
- Female
- Non-Binary
- Other _____

Preferred Pronouns

- He/Him
- She/Her
- They/Them
- Other _____

Address

Street Address

City

State

Zip Code

Email Address

Date of Birth mm/dd/yyyy

Primary Phone

- Cell
- Work
- Home

Secondary Phone

- Cell
- Work
- Home

Emergency Contact

Emergency Contact Phone

Are you a patient or caregiver? Patient Caregiver

If you are the caregiver, what is your relationship to patient?

- Spouse
- Parent
- Grandparent
- Sibling
- Other _____

Primary Cancer Type

Cancer Stage

- Stage 1
- Stage 2
- Stage 3
- Stage 4
- Other _____

Date of Diagnosis mm/dd/yyyy

- Metastatic
- Active
- Remission

Date of Recurrence (If applicable) mm/dd/yyyy

Primary Oncologist/Cancer Specialist

Hospital

Treatment Status: Pre-treatment Active treatment Completed treatment during past 18 months
 Treatment completed more than 18 months ago Other: _____

Over, please ►

Do you have children under 18 in your household eligible to participate in LivingWell programs? Yes No

Child #1 First and Last Name

Date of Birth mm/dd/yyyy

Sex (Legal)

- Male
 Female
 Non-Binary
 Other _____

Preferred Pronouns

- He/Him
 She/Her
 They/Them
 Other _____

Child #2 First and Last Name

Date of Birth mm/dd/yyyy

Sex (Legal)

- Male
 Female
 Non-Binary
 Other _____

Preferred Pronouns

- He/Him
 She/Her
 They/Them
 Other _____

If you have additional children, please add them at bottom of this page.

How did you hear about LivingWell? (Please select one)

- LivingWell Welcome Guide - in cancer centers or hospital E-mail Flyers
 Facebook (facebook.com/livingwellcrc) LivingWell website (www.livingwellcrc.org)
 My Physician Social Worker Friend or family member other _____

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/instructions/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 content. I voluntarily agree to the terms and conditions stated above.

Participant Name (please print)

Participant Signature

Date mm/dd/yyyy

*If Participant Is Under 18 Years of Age, Parent/Guardian Signature

Date mm/dd/yyyy

Return completed form to:

Email: info@livingwellcrc.org

Fax: 630.262.1110

or Mail: LivingWell Cancer Resource Center
442 Williamsburg Avenue
Geneva, IL 60134