

Wellness House Participant Information (Bereaved)

Welcome to Wellness House. Please take a few minutes to complete this *confidential* information form. Your personal information will only be used for registration and record keeping and is never shared with outside sources. The information provided here is used to help develop and recommend programs and to generate the funding that allows Wellness House to continue to serve those affected by cancer in the most effective ways possible.

Please Print

Today's Date ___/___/___

Personal Information

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email Address: _____ Emergency Contact: _____
 Date of Birth: ___/___/___ Gender: ___ Male ___ Female Home Phone: _____
 mo. day year Cell Phone: _____
 Primary language spoken in your home _____
 Are you a veteran? yes no preferred contact: email phone

Your Marital Status

- Single
 Married Spouse _____
 Divorced/Separated
 Widowed
 Committed Relationship

Your Employment Status

Employer: _____
 Occupation: _____
 Full-time Retired
 Part-time Student
 Medical leave Not Employed

Your Race/Ethnicity

- White, Non-Hispanic/Latino Asian
 Hispanic/Latino Native Hawaiian/
 African-American/Black Pacific Islander
 American Indian/Alaskan Other

Bereavement Situation

Name of the person who died: _____
 Your relationship to the person who died: _____
 Date of Death: _____ Primary Cancer Type: _____
 Were you a Wellness House participant before your loved one's death? Yes No
 If yes, name or describe the program _____

Staff Use Only

Received by _____
 PEP _____

- Walk-in _____
 Welcome to Wellness
 Consult _____
 Educational _____
 Networking group _____
 Support group _____
 Nutrition _____
 Essentials
 Look Good, Feel Better
 Social event
 Other _____

PROGRAM REFERRAL:

- Family Matters _____
 Healthy Living _____
 Information/Education _____
 Stress Management _____
 Support & Networking _____
 NOTES _____

To help us evaluate our outreach efforts, how did you hear about Wellness House?

Did your doctor refer you to Wellness House?

- I can't recall
 No
 Yes

Who else told you about Wellness House?

- Nurse, Social Worker, Healthcare professional
 Family, Friend, Co-worker
 Cancer organization staff
 Religious organization staff
 School staff
 Employer
 Other

Did you see Wellness House information or materials anywhere?

- I don't recall
 No
 Yes

Where did you see Wellness House information or materials?

- Hospital
 Doctor's office
 Newspaper
 Wellness House website
 Other website listing Wellness House
 Other location

Your Medical Insurance Status

- Insured
- Underinsured
- Uninsured

Your Highest Level of Education

- Grade School Graduate School
- High School Doctorate
- College

Household Income

- less than \$20,000 \$50,000 to \$74,999
- \$20,000 to \$34,000 \$75,000 to \$99,999
- \$35,000 to \$49,000 \$100,000 +

Family member(s) currently living with you

ADULT(S):

Name (First and Last, if different)	Birth Date	Gender	Race	Marital Status	Employment Status
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(1) _____

Cell Phone: _____ Email: _____

(2) _____

Cell Phone: _____ Email: _____

CHILDREN:

Name (First, and Last if different)	Birth Date	Gender	Race
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