** Wellness House Referral Form**

Wellness House offers an extensive range of programs for practically every aspect of living with cancer, from support and connection with others, to nutrition classes and exercise. All staffed by experts in their fields, our programs take place all day nearly every day of the week. Family members are encouraged to attend programs as well.

*Wellness House will not share your name or information with any other person or outside organization.*

Date\_\_\_/\_\_\_/\_\_\_

**How can Wellness House help you?**

o Individual Counseling o Support and Networking Groups

o Stress Management o Children/Family Programs

o Healthy Living: Nutrition\_\_\_\_ o Programs that provide information and education

Exercise\_\_\_ o Wigs and/or personal appearance

Mind/Body\_\_ o Community resources

o Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Yes o No I have participated in programs at Wellness House before.

**Your Information**

o I am the person diagnosed with cancer

Primary cancer type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of diagnosis \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

o I am family member or friend of someone with

cancer

o I am a professional caregiver

Primary Language: o English o Spanish o Other

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: / /\_\_\_\_\_\_ Gender\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_

mo. day year

Preferred phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Oncologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: o Phone (May we leave a message? Yes No) o Email

o I consent to being contacted by a Wellness House staff member for information about Wellness House programs and support.

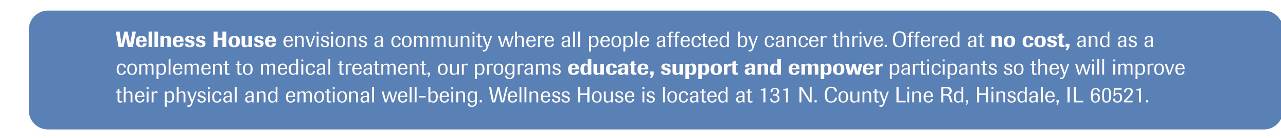
o I agree to the exchange of relevant information about me between the referral source and Wellness House

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature if verbal consent provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return forms to: Earl King, Oncology Support and Family Counselor

[Ekingii@wellnesshouse.org](mailto:Ekingii@wellnesshouse.org) or fax to 630-654-5345. Earl can be contacted by phone at 630-654-7203.

[awenclawski@wellnesshouse.org](mailto:awenclawski@wellnesshouse.org) or fax: 630-654-5345