



wellspring
Stratford

Wellspring Stratford Membership Registration Form

Please Print Clearly

Welcome to Wellspring Stratford,

Membership, programs and services at Wellspring are offered at no cost to individuals and families affected by cancer. We ask only that you complete the following questions about you and your cancer experience.

The information that you provide will be kept strictly confidential. We do not rent, sell or trade membership information or our mailing lists.

Today's date:

____ / ____ / ____
month day year

Your Name _____ Mr. Mrs. Ms. Dr. Other: _____

Address _____

Town/City _____ Province _____ Postal Code _____

Email: _____
Please Print

Phone numbers at which Wellspring may contact you:

Home _____

Mobile _____

Work _____

Emergency Contact Information:

Name _____ Phone _____

Your gender: male female Other: _____

Date of birth: ____ / ____ / ____
 month Day year

How did you first hear about Wellspring?

- Wellspring Member/volunteer/program leader
- Word of mouth (e.g. family, friend, colleague)
- Magazine/newspaper/television
- Health care professional
- Website/Internet
- Saw a centre
- From treating hospital(s)
- Other (please specify): _____

You are registering at Wellspring because you are:

- a cancer patient**
- a family member or friend caring for a cancer patient at this time**

The cancer patient is my:

- child – under 18
- child – adult
- spouse
- sibling
- parent
- friend
- other, please describe: _____

- a bereaved caregiver**

The cancer patient was my: _____

CONFIDENTIALITY

Wellspring takes the matter of members' confidentiality very seriously. Confidentiality is essential to creating a safe environment where members feel free to participate in programs and share personal information without concern about unwanted disclosure by others.

All information shared by members at Wellspring is kept strictly confidential. This policy applies to program leaders, volunteers, staff, and members with respect to confidential information of other members. It includes:

- Never mentioning another member by name to anyone outside of the program session.
- Not disclosing at any time personal information about another member.
- When in the community, not approaching another member unless the member indicated that he/she so wishes.

Protection of personal information includes verbal as well as written forms of communication (including all electronic means of communication such as e-mails, texts or blogs).

Signature

Date: _____ / _____ / _____
month day year

If you are registering:

- **as a cancer patient**, please answer the questions on the following page about your diagnosis.
- **as a family member or friend caring for a cancer patient**, please answer the questions on the following page about the diagnosis of the person for whom you are caring.
- **as a bereaved caregiver**, thank for completing this form, you do not need to continue any further.

Date of most recent diagnosis: _____ / _____
Month Year

Primary type(s) of cancer:

- | | |
|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Lymphoma – non-Hodgkins |
| <input type="checkbox"/> Brain & Spinal | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Pancreatic |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Skin - melanoma |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Skin - non-melanoma |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Testicular |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Myeloma | <input type="checkbox"/> Uterine |
| <input type="checkbox"/> Lymphoma – Hodgkins | <input type="checkbox"/> Other (please specify): _____ |

Is the cancer metastatic? Yes No Don't know

Metastatic cancer, also known as mets, is cancer that has spread from the primary cancer site to other parts of the body.

Please choose the sentence below that best describes the current status of the diagnosis for you:

- Newly diagnosed and the treatment plan is still being determined
- Currently in treatment
- Finished surgery, chemotherapy or radiation, and on a follow-up schedule
- Other, please describe: _____

Is this the first diagnosis of cancer? Yes No

Hospital(s) receiving treatment at (check all that apply):

- Huron Perth Healthcare Alliance – Stratford General Hospital
- Huron Perth Healthcare Alliance – St. Marys Memorial Hospital
- Alexandra Hospital - Ingersoll
- Woodstock General Hospital
- London Regional Cancer Program – Victoria Hospital
- St. Joseph's Health Care - London
- St. Thomas Elgin General Hospital
- Other (please specify) _____

Thank you for completing the Wellspring membership form.



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Please return this form to Wellspring in person, by mail, email or fax.

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