



WELLNESS PROGRAM APPLICATION FORM

The Wellness Initiative was established to encourage breast cancer survivors to get through their treatments and maintain a healthy lifestyle through good nutrition, exercise and other services which complement traditional medical treatments. In order to take part in the Wellness Program, please complete the following questions, once you have completed this form, please write on bottom of this form in the space provided what services you feel would help you to feel better, get well and stay well, remember we are here to help you in that mission. **If you need help completing this form please ask any of our staff.**

Name DOB Physical Address.....

PO Box Postal Code KY Email address

Telephone

Insurance details (name of company & level of cover, ref no. & contact details)

Do you have a partner living with you? Family close by?

Do you have any dependents? (please give details)

Are you employed Y/N – if Yes please give details of employer

What is your job title

Your GPs details

Who is your Oncologist's & Hospital you attend

Name of your surgeon & hospital

Date of your diagnosis for Breast Cancer & do you know what type of BC and grade (stage-1,2,3or4), (please give details)

Treatments planned or received already (dates)

Are you currently on medications directly linked to your breast cancer treatment? If so, please give us the details of when you started these medications and when you are expected to come off these medications:

Do you have any other illnesses/medical conditions we should be aware of?

Do you have any allergies? (If so, please tell us here)

Please tell us in the space below what services you feel will be beneficial to you. Please take a minute to read our WP Guidance form for full details of what we can offer to you.

We have numerous information documents, all of which can be found on our website www.breastcancerfoundation.ky we can e-mail or print off the information document for you if required.

- Treating Breast Cancer
- Understanding your pathology report
- Understanding Lymphoedema
- Reducing the risks of Lymphoedema
- Neuropathy – symptoms, risk factors, treatments

- Breast Cancer and you: diagnosis, treatments and the future
- Your Guide to Breast Self-Exam
- Side effects of radiation therapy
- Side Effects of Radiation Therapy
- Exercises after breast cancer surgery

We are adding to this list all the time, so if you do not see here the leaflet you would like, then please just ask us.



Support Groups - Ask for details.



Whatsapp Groups – Ask for details

The Wellness Program is only open to those persons who have been diagnosed (at any time) with breast cancer. All services provided are subject to approval, and are free to those who are part of the BCF Wellness Program. By signing this form, I consent to a Representative from BCF can contact my **insurance company and my doctor** if this is to assist me acquiring the services I need. I also consent to necessary information being shared with the Wellness Program Service Providers and other connected and necessary 3rd parties to ensure appropriate care is administered. I can request to be added to the BCF Support Group Whatsapp Groups and I can also ask to be withdrawn from those groups at any time. A copy of the current BCF Policy Document pertaining to Data Protection will be given to me on request at signing this form or at any time in the future. I am aware that a copy of the Policy Document is also available on the BCF website.

I confirm that I am a breast cancer survivor and I that I will consult with my doctor before commencing any new physical activity or diet offered by the Breast Cancer Foundation. I understand that all the services offered are free to me ONLY.

The BCF strongly advocates the use of the Cancer Register and urges you to sign up for this, please ask for details and further explanation of what the Register is for and any privacy issues.

Signed Dated