

# SURVIVOR CONFERENCE 2011

## SURVIVOR SUBMISSION FORM

### **PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Note: If you would like to bring a supporter please complete & submit a supporter application form, which can be downloaded from the website.*

### **EMERGENCY CONTACT INFORMATION**

Name of contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### **PHYSICIAN'S INFORMATION**

*(Please provide information for at least two of the following professionals)*

Oncologist: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Social Worker: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Hospital/Institution: \_\_\_\_\_ Contact Number: \_\_\_\_\_

When did you last see your family doctor or specialist?

*To help us better prepare for the weekend and to ensure you have an amazing time, please complete the following information.*

### **MEDICAL INFORMATION**

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Are you currently undergoing treatment? YES / NO

If YES, what medical treatments are you currently receiving? (chemotherapy, radiation, post-surgery, etc.)

Have you ever had a relapse: YES/NO \_\_\_\_\_ Date of Relapse: \_\_\_\_\_

Are you currently in remission? YES / NO

How are you feeling physically at the present time?  
Are you in pain at present? (Scale 1-10, 10=high)

*The following questions are related to your mental state at the present time. We ask these questions to help us understand the issues you are dealing with when coming to the conference, both issues related to your cancer experience as well as other challenges you are facing.*

Please list any major stresses, life changes or losses you are currently dealing with in your life (treatments, relationships, finances, other)

How is your morale? (Scale 1-10, 10=very good)

Are you currently seeing a counselor, therapist, psychiatrist or social worker?

Are you currently taking any medication for depression or other psychological problems? If Yes, please list the medication(s) in the table below.

Are you currently being treated for any other health concerns or medical conditions (i.e. Seizures, Diabetes, Asthma, Pregnancy, etc)? If Yes, please list the medication(s) in the table below:

Please list all current medications you are taking:

<b><u>Medication</u></b>	<b><u>Prescribed for</u></b>	<b><u>Dose/times/day</u></b>	<b><u>Start date</u></b>

Please list any activity restrictions and physical limitations you have that would make it difficult for you to fully participate in the program (there will be group activity opportunities including hiking, walking):

Are you allergic to any food or have any food restrictions or special dietary needs (i.e. vegetarian, lactose-intolerant, wheat issues)?

Any other allergies?

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### **ROOM SETTING**

- Like every year, unless you request otherwise, you will automatically be paired in a room with your supporter/survivor, free of charge.
- If you are not bringing a supporter, unless you request otherwise, you will be paired with a survivor/supporter buddy (same sex☺), also free of charge.
- If you want a private room, this will be at your own cost and you would have to let me know by October 1<sup>st</sup> at the latest.

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Will the cost of travel prohibit you from attending the conference\*? YES  / NO

*\*NOTE: If you are unable to attend the conference because of financial constraints, please discuss this with us. Young Adult Cancer Canada has travel assistance available which is based on need. However, we do have several tools/resources that you can use to **help you fundraise** money to help pay for your travel. If you answered 'Yes' to the above question we will connect with you to explain these options.*

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### **T-SHIRT SIZE**

S       M       L       XL

### **How did you hear about the Survivor Conference?**

Surfing the Internet

Health Professional

Other, Please specify

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**Comments:**

*\*Note: if you are confirmed for the conference and you find out that you will be unable to attend, please let us know as soon as possible.*



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