**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. I**f you need help completing this form please ask any of our staff.**

Name ……………………………………………… DOB ……………….. Home Address ………………………………………………………………………………….

PO Box ……………. Postal Code KY ……………………… Email address ……………………………………………………Telephone …………….……….

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

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

What is your job title …………………………………………………………………………………….

Your GPs details & where are they based ..................................................................................................................................................................................

Your Oncologist’s details inc where they are based …………………………………………………………………………………………………………………

Date of your diagnosis for Breast Cancer and type of BC (stage etc) ...........................................................................................................................

Treatments planned/received ......................................................................................................................................................................................................

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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:

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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 usually 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 in order to ensure appropriate care is administered. I consent to being added to the **BCF Support Group Whatsapp Group** and note that I can ask not to be added to that group or if added, ask to be withdrawn 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 …………………………………………

Continued over ………

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.

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We have numerous information leaflets, we would be happy to send one to you via e-mail or you can pick one up from our office, here are a few examples of the leaflets we have:-

* Treating Breast Cancer
* Breast Cancer and you: diagnosis, treatment and the future
* Understanding your pathology report
* Your Guide to Breast Self-Exam
* Understanding Lymphoedema
* Side effects of radiation therapy
* Reducing the risks of Lymphoedema
* Side Effects of Radiation Therapy
* Neuropathy – symptoms, risk factors, treatments
* 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 Group – The BCF Support Group – Details on request.