COLUMBIA BASIN CANCER FOUNDATION

CLIENT REGISTRATION FORM

Today's Date

NAME

First Name | Last Name | Date of Birth

Preferred Name | Mobile Number | Home Number

Email Address

PHYSICAL ADDRESS

Street Address | Postal / Zip Code

City | State | County

MAILING ADDRESS IF DIFFERENT

WHAT BEST DESCRIBES YOUR RACE

Hispanic or Latino or Spanish Origin of any race

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

Two or More Races

Prefer not to say

Primary Language

Secondary Language

Country of Orgin

Military YES NO

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Are you currently working? YES NO

Which best describes your current income

A. Less than $20,000

B. $20,000 - $39,999

C. $40,000- $60,000

D. Greater than $60,000

Employer

Who referred you to CBCF

EMERGENCY CONTACT OR CAREGIVER

First Name | Last Name | Caregiver Mobile Number

Caregiver Email | Caregiver Relation to Client | Caregiver Preferred Language

CHILDREN LIVING IN HOUSEHOLD UNDER 18

First Name | Last Name | Gender | Date of Birth

First Name | Last Name | Gender | Date of Birth

First Name | Last Name | Gender | Date of Birth

First Name | Last Name | Gender | Date of Birth

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MEDICAL INFORMATION

Cancer Diagnosis

Date Diagnosed

Facility Where You are Receiving Treatments

Primary Doctor

Oncologist

Surgeon

If you are currently going through treatments, please list your treatment schedule

Cancer Related Surgeries Type & Date

PROGRAMS YOU ARE INTERESTED IN

- [ ] SUPPORT GROUP
- [ ] WIGS/HEAD COVERINGS
- [ ] MEAL PROGRAM DURING ACTIVE TREAMENT (CIRCLE ONE)
  - BONE BROTH ONLY - OFFICE PICK UP
  - MEAL ONLY DELIVERED
  - BROTH & MEAL (DELIVERED)
- [ ] SEASONAL PRODUCE - OFFICE PICK UP

IF YOU ARE INTERESTED IN THE DELIVERY PART OF THE MEAL PROGRAM, PLEASE FILL OUT THE QUESTIONNAIRE ON THE FOLLOWING PAGE
PLEASE NOTE THAT WHILE WE HIGHLY REGARD THE CONFIDENTIALITY OF ALL YOUR INFORMATION, IT IS NECESSARY TO GIVE OUR DELIVERY DRIVERS YOUR NAME AND PHYSICAL ADDRESS FOR THE DELIVERY OF YOUR MEALS.

We want to get to know you better!
Please list any special interests, hobbies, hopes or dreams you may have