

Application: The Caring and Cancer Project

ABOUT THE CAREGIVER:

Name _____ Age _____ Sex: Male ___ Female ___

Mailing address _____

Phone: Home _____ Work _____ Cell _____

Email _____ Is email a good way to reach you? Yes ___ No ___

Ethnic/racial background: _____

Language(s): Spoken: _____ Read: _____

Education: No Hi School ___ Some HS ___ HS grad ___ Some college ___ College grad ___ Grad degree ___

Religious preference (if any): _____

ABOUT THE PATIENT:

Name _____ Age _____ Sex: Male ___ Female ___

Mailing address: _____

Phone: Home _____ Work _____ Cell _____

Email _____ Is email a good way to reach you? Yes ___ No ___

Ethnic/racial background: _____

Language(s): Spoken: _____ Read: _____

Education: No Hi School ___ Some HS ___ HS grad ___ Some college ___ College grad ___ Grad degree ___

Religious preference (if any): _____

Type of cancer: _____ Month/year diagnosed: _____

Stage (if known): _____ Metastasis? Yes ___ No ___ Don't know ___

Past treatments: None ___ Chemo ___ Radiation ___ Surgery ___ Other (describe) _____

When was your last treatment? _____

Current or planned: None ___ Chemo ___ Radiation ___ Surgery ___ Other (describe) _____

ABOUT THE RELATIONSHIP: Do you live in the same household? Yes ___ No ___

Type of relationship: Spouse or life partner ___ Parent-child ___ Other relative ___ Friend ___

How long have you had this relationship? ___ years ___ months

Please mail or fax this form to:

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