

MAUI CANCER WELLNESS RETREAT REGISTRATION FORM

DEADLINE: AUGUST 15, 2018

Return to: Maui Cancer Wellness Retreats, 100 Mano Drive, Kula, HI 96790

Please include \$25 Registration Fee to Maui Cancer Wellness Retreats

Today's Date:				
SURVIVOR INFORMATION				
Your last name:		First:	Middle:	Marital status:
Name of Oncologist/Treatment Center:	Primary Physician:		Birth date:	Age: Gender: M F
Your address:				
Home phone no:	Cell phone no.:		Occupation:	
Why do you wish to participate in this Retreat?				
<u>YOUR CANCER JOURNEY</u>				
TYPE OF CANCER, date of diagnosis and current stage:				
TREATMENTS - Are you currently in treatment, what kind and how long? Or, do you have upcoming treatments, surgeries and if so, when?				
POST TREATMENT - If you have completed treatment, please highlight what you underwent and when you completed treatments?				
HEALTH CONDITION - Tell us about your health condition or issues and do you have any specific limitations?				
SPIRIT/MORALE - Tell us a little about your current spirit or morale:				

EXERCISE - What kinds of exercise are you currently doing, how often, and if you have any restrictions?

YOUR GOALS - Tell us what you hope to gain from your experience in this Retreat?

SUPPORT SYSTEM - Tell us about your current support system—family, friends, religion, other:

INTEGRATIVE/COMPLEMENTARY THERAPIES - Tell us if you have had or currently in any complementary therapies such as Yoga, Support Groups, Music/ArtTherapies, PT, Acupuncture, etc.

Do you have any of the following?

- Food Allergies: _____
- Non-Food Allergies: _____
- Neuropathy: _____
- Bones/Joints issues: _____
- Sleep issues: _____

Rooms are double occupancy. All rooms will be assigned in advance. Do you have any special requirements for room mate?

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to patient:	Home phone no.:	Cell phone no.:
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The above information is true to the best of my knowledge. I release and indemnify Pacific Cancer Foundation and Maui Cancer Survivors Retreat from any and all liabilities. I also authorize MAUI CANCER WELLNESS RETREAT use of photographs taken of me during the Retreat.

Participant/Survivor signature

Date

For more information, please visit www.cancerwellnessretreats.org