Survivor Retreat Application

NORTHSIDE HOSPITAL
CANCER INSTITUTE
BUILT TO BEAT CANCER

Contact Information			
Last Name	First Name	Preferred Name	Gender
Street Address	City	Zip	
Birthdate (dd/mm/yyyy)	Cell Phone	Email	
Emergency Contact Name	Cell Phone	Relationship	

Retreat Information		
Diet:	Food allergies:	Special diet needs e.g. soft food, gluten-free
Activity:	Do you use a walker or cane? ☐ Yes ☐ No	Can you walk one block without stopping? ☐ Yes ☐ No
	Have you fallen in the last 6 months? ☐ Yes ☐ No	Are you able to walk on uneven surfaces? ☐ Yes ☐ No
	Are you able to walk up a hill for 10 minutes? ☐ Yes ☐ No	How many times per day do you need to rest or nap? ☐ 1 ☐ 2 ☐ 3 ☐ more
Sleeping:	Do you have a C-Pap or Bi-Pap? ☐ Yes ☐ No	Do you use oxygen at night? ☐ Yes ☐ No

I will contact the Survivorship Coordinator if I am experiencing any cold or flu-like symptoms or issues related to treatment the week of the retreat.

Signature _____

I give my permission for my physician/mid-level provider additional information regarding my participation at the retreat.

Signature _____

Medical Information		
Cancer Diagnosis:	Cancer stage:	
Have you completed your cancer treatment? ☐ Yes ☐ No	Are you continuing treatment for metastatic cancer? ☐ Yes ☐ No	Date of treatment closest to November 8, 2024:
Oncologist's name:	Oncologist office address:	

MEDICATION ALLERGIES	DESCRIBE YOUR REACTION

BEE STING ALLERGY ☐ Yes ☐ No	If yes, do you have a prescription for an EPI pen? ☐ Yes ☐ No

Other Medical Conditions Current (like an infection) and chronic (long term like diabetes or asthma)		

Medication List If you need more lines continue on to page 3.			
Name of medication	Reason for taking	Dose	Times of Day

Important Note: If you have an inhaler or epi pen, you **MUST** bring them and carry them with you **AT ALL TIMES.**

Medication List Continued			
Name of Medication	Reason for taking	Dose	Times of day
Important Note: If you have an inhaler or epi pen, you **MUST** bring them to the retreat and carry them with you **AT ALL TIMES**.			

Please email all 3 completed pages of the application to:

Kymberly.Duncan@northside.com as soon as possible.

The last day applications will be accepted is September 12, 2024.