

To help us better prepare for the weekend and to ensure you have an amazing time, please complete the following information.

MEDICAL INFORMATION

Diagnosis:

Date of Diagnosis:

Stage (if known):

Are you currently undergoing treatment? YES / NO

If YES, what medical treatments are you currently receiving? (chemotherapy, radiation, post-surgery, etc.)

Have you ever had a relapse: YES / NO

Date of Relapse:

Are you currently in remission? YES / NO

Are you followed by a Palliative Care Team? YES / NO

If YES, are there any specific directions or info in place that we should know of?

How are you feeling physically at the present time?

Are you in pain at present? (Scale 1-10, 10=high)

The following questions are related to your mental state at the present time. We ask these questions to help us understand the issues you are dealing with when coming to the retreat, both issues related to your cancer experience as well as other challenges you are facing.

Please list any major stresses, life changes or losses you are currently dealing with in your life (treatments, relationships, finances, other)

How is your morale? (Scale 1-10, 10=very good)

Are you currently seeing a counselor, therapist, psychiatrist or social worker?

Are you currently taking any medication for depression or other psychological problems? If Yes, please list the medication(s) in the table below.

Are you currently being treated for any other health concerns or medical conditions (i.e. Seizures, Diabetes, Asthma, Anaphylaxis, panic attacks, pregnancy, etc)? If Yes, **what** and please list the medication(s) in the table below:

Do you have any of the following conditions? Check all that apply:

Diabetes Mellitus
Diabetes Insipidus
Seizure Disorder
Asthma

Hypertension
Chronic Pain
Chronic inflammatory disease
Other: _____

If yes, please provide details about your management (attach additional paper if necessary, and indicate any health care specialist involved in this management):

Please list all current medications you are taking:

Note: *all medications brought to the retreat must be in their original containers-*

<u>Medication</u>	<u>Prescribed for</u>	<u>Dose/times/day</u>	<u>Start date</u>

Please list any activity restrictions and physical limitations you have that would make it difficult for you to fully participate in the program (there will be group activity opportunities including: volleyball, hiking, walking):

Please indicate if you need a wheelchair/cane to move around? Can you use stairs?

Nutrition: Please indicate any dietary restrictions: check all that apply:

Vegan (no dairy or meat of any kind)

Modified vegetarian (will eat fish)

Lactose intolerant

No wheat

Other: _____

Vegetarian (no meat, all dairy)

No red meat (will eat chicken or fish)

No pork

Celiac or no gluten

Allergy	Yes	No	Unknown	Anaphylactic	Please specify allergen and provide information about reaction and treatment required
Medications					
Food					
Latex					
Insect bites					
Dust/pollen					
Other					

****Please make sure to put enough details i.e. do you have an EpiPen? For allergies like peanuts or seafood, can you be in the same room; can they be cooked and served in the same room as you?**

Please remember that all participants with a known anaphylactic allergy are expected to bring an EpiPen to the retreat.

Any medication allergies? YES / NO If YES which one(s)?

Reaction and treatment required:

Date of last Tetanus Injection (should be given every 10 years):

ADDITIONAL INFO

How did you hear about Retreat Yourself?

___ Surfing the Internet ___ Health Professional

___ Other, Please specify:

Have you attended similar retreats in the past? YES / NO

If yes, camp name/location:

Will the cost of travel prohibit you from attending Retreat Yourself 2012? YES NO

**NOTE: If you are unable to attend the retreat because of financial constraints, please discuss this with us. Young Adult Cancer Canada has travel assistance available which is based on address of residence, need, as well as on a first come first served basis. This year, we have Retreat Yourself East and Retreat Yourself West. Those living in Ontario and East will have priority on the Travel Assistance East and those living in Manitoba and West will have priority for the Travel Assistance West. In addition, Young Adult Cancer Canada is willing to assist you in raising the travel funds and has a fundraising model that you may find helpful.*

ABOUT YOU - BIO

We want to know about you! Young Adult Cancer Canada is gathering information for each and every participant, this will be compiled and distributed to all participants at the start of the retreat, to help us get to know each other and help us stay connected after the weekend. Please let us know a little about yourself – keeping to approximately 200-300 words, we have included some general questions/topics that may help get the ball rolling!

What is the biggest challenge of being a cancer survivor for you?

How has cancer changed your life?

What do you hope to gain from this retreat?

Where are you professionally (school/work)? Personally (single, married, family)? What are your future goals (professional and/or personal)?

What do you like to do in your spare time?

Do you have any training or special interest in any therapies? I.e. yoga, meditation, art therapy, Reiki, Qigong, etc?

****Note: if you are confirmed for the retreat and you find out that you will be unable to attend, please let us know as soon as possible.***



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