

**PERSONAL INFORMATION**

12 week Cancer Healing & Wellbeing Program

We request this information solely to support you in the program and in the event of an emergency.  
The information will not be used for any other purpose.

Name:

Address:

Suburb:

State:

Postcode:

Email:

Please check if you would like to receive our newsletter

Date of Birth:

Mobile:

Tel (H):

(W):

**Person to contact in case of Emergency:**

Name:

Relationship:

Phone:

Mobile:

GP Name:

GP Phone:

Do you have Private Health Cover? NO  YES

if yes, please specify:

Medicare Number:

Do you have Ambulance Service Membership? NO  YES

if yes, please specify:

**Health**

What type of cancer have you had diagnosed?

Are you currently undertaking treatment for cancer? NO  YES

if yes, please specify:

Are there any other significant medical conditions, including physical or mental illness, we need to be aware of?

(eg: heart disease, diabetes, epilepsy...)

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Do you have:  a pacemaker  a colostomy  an ileostomy

Do you have any known allergies? NO  YES

If yes, please list:

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***Medication***

Please list all medications you are currently taking:

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Are you attending the program with a support person? NO  YES

If yes, name of support person:

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## ***Assistance***

Do you have any hearing or visual impairment? NO  YES

if yes, please specify:

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Do you require assistance with mobility/seating? NO  YES

if yes, please specify:

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## ***Pain Management***

Is pain likely to be an issue during your sessions? NO  YES

if yes, please specify:

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## ***Emotional***

Do you feel emotionally supported in your life? YES  Sometimes  NO

Please specify the support you have:

- Family
- Friends
- Doctor
- Counsellor/Psychotherapist
- Psychologist/Psychiatrist
- Supportgroup
- Spiritual
- Other

if yes, please specify:

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What other support would you need/want in your life?

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***Meditation***

Have you meditated before? NO  YES

If yes, when did you start?

How often have you meditated on average over the last 3 months?

Time per session: \_\_\_\_\_ Sessions per day: \_\_\_\_\_ Days per week: \_\_\_\_\_

How would you describe the way you meditate?  
\_\_\_\_\_  
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Please send the completed form to:

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35 Humestreet  
Crows Nest NSW 2065