



INDIVIDUAL PROGRAM APPLICATION

PERSONAL INFORMATION

DATE: _____

Name: _____

Cancer Clinic # _____

Address: _____

Healthcare #: _____

City / Prov: _____

Birthdate: _____

Postal Code: _____

Age: _____

Name of Spouse/
Companion _____

Home phone: () _____

Name & Ages
of children (if any): _____

Other phone: () _____

Fax: () _____

Desired Retreat dates: _____

1. Current occupation: _____

4. Are you currently under the care of a physician
(oncologist or other medical doctor) as required by
program?
 Yes No

2. Past occupation(s): _____

5. Physician Name: _____
Address: _____

3. Current work status:

- Paid employment
 Full time Part time
 Disability Leave Not working

Ph: () _____

6. When did you last communicate with your
oncologist or primary doctor?

7. Does your oncologist know you are coming to
the program?
 Yes No

FOR OFFICE USE ONLY

Date application received: _____

Deposit: \$ _____

Bursary requested: Yes ___ No ___

Bursary amount granted: \$ _____

Balance due: \$ _____

Date balance received: _____

Retreat dates: _____

Retreat I.D. #: _____

Updated June 8, 2004

MEDICAL HISTORY

8. Your cancer diagnosis (please be specific):

9. Date of your initial diagnosis:

10. Do you have any metastasis?

Yes No

Location:

11. Have you had any recurrences?

Yes No

Date:

12. Cancer-related **procedures**

(i.e. surgery, chemotherapy, radiotherapy)

Procedures	Approx. Dates
_____	_____
_____	_____
_____	_____

13. What medical therapies are projected for the future?

_____	_____
_____	_____
_____	_____

14. Other medical conditions (if any):

15. Would your participation in this program delay any treatment suggested by your physician?

Yes No

Describe

THE PROGRAM

16. Can you climb stairs to second floor bedrooms?

Yes No

17. Do you have any physical limitations which would make it difficult to participate fully?

Yes No

Describe

18. Other special needs:

19. How did you hear about the program?

20. Would you be prepared to attend on short notice?

Yes No

21. Would you be interested in a program for couples if it were to be developed in the future?

Yes No

STRESS AND SUPPORT

22. Describe any major stresses, life changes or losses that **preceded** the onset of the cancer (or recurrence).

23. Describe the areas of most stress in your **present** life
(e.g. cancer therapy, relationships, work, finances, other).

24. Who are the major sources of support or nurture in your life?

25. How do you hope to benefit from participation in the Tapestry Program?

26. Describe any fears or concerns you may have about the program:

FINANCIAL INFORMATION

Participants receive an estimated \$2,250 worth of goods and professional services, however support from generous donations by individuals and corporations help to reduce the cost to individuals. **The fee to take part in this five-day program is \$1100.**

We do not believe that cost should be a prohibitive factor, therefore participants in need may be eligible to receive a **bursary** to defray part of or the entire fee. (*Eligibility to be determined at time of personal interview prior to Retreat*).

_____ I will attend the retreat, but am not willing to participate in the pre/post retreat evaluation interviews.
Cost \$2200

_____ I will attend the retreat and participate in the pre/post retreat evaluation interviews (Time required approximately 2 hours). Cost \$1100

_____ I can pay \$_____ and therefore require a bursary. (As a condition of the bursary, you must participate in the pre/post retreat evaluation interviews.)

Please return the completed confidential information
(application, signed Informed Participation Statement and deposit) to:

TAPESTRY RETREAT PROGRAM
Department of Psychosocial Resources, Tom Baker Cancer Centre
1331 - 29 Street NW, Calgary, AB T2N 4N2
PHONE: (403) 944-1272 ● FAX: (403) 944-8340
www.tapestryalberta.com

If you have any questions, please do not hesitate to call:

Dr. Steve Simpson: (403) 944-1272

