



WELLSPRING – Membership Registration Form

Today's date: _____
Day / Month / Year

We would appreciate it if you would take a few minutes to complete the following questions about yourself. Wellspring uses this information to help develop its programs and services, and will not share the information in any way outside of Wellspring.
All responses are strictly confidential.

Title: Mr. Mrs. Ms. Dr. Other: _____

Name					
Address					
Town/City		Province		Postal Code	
Home Phone		Business Phone		Mobile Phone	
Email					
Emergency Contact Name			Phone	Relationship	

I would prefer to receive Wellspring program information by: email mail Both email and mail

1. You are registering with Wellspring as a (check one):
- Cancer patient (person who has cancer or is cancer free)
 - Caregiver to my (please check one):
 - Wife Mother
 - Husband Father
 - Daughter Partner
 - Son Friend
 - Other → specify: _____

2. If you are a cancer patient, are any of your family members also registered at Wellspring?
No Yes → How many? _____
Member Name: _____

3. If you are a caregiver, are any of your family members also registered at Wellspring?
No Yes → Is this person a member of Wellspring? No Yes
Name of Member _____

4. Your Date of Birth: _____
Month / Day / Year

5. Your Gender: _____

6. Many Canadians come from different ethnic or cultural backgrounds (such as First Nations, German, Chinese, Canadian, etc). Which ethnic or cultural group or groups do you identify with?

Specify: _____

7. What language do you usually speak in your home (e.g., Cantonese, French, Italian, English, etc)?

Specify: _____

8. In what language would you prefer to receive Wellspring services (e.g., Italian, French, English, etc.)?

Specify: _____

9. You initially heard of Wellspring through (check one):

- Wellspring Member
- Wellspring Volunteer
- Magazine/newspaper/television
- Doctor's referral
- Referral from hospital staff (e.g., nurse, social worker) → specify: _____
- Wellspring literature in doctor's office, hospital, clinic, etc.
- Website/Internet
- Princess Margaret Hospital Breast Cancer Survivorship Program
- Other → specify: _____

10. What is the highest grade or level of education you have ever completed (check one)?

- Some high school (grade 9 to 12)
- Graduated high school
- Some trade/vocational training
- Graduated trade/vocational training
- Some college (community college, technical college)
- Graduated college
- Some university
- Graduated university (Bachelor's degree)
- Postgraduate or professional degree (e.g., PhD, MBA, MD, LLB)
- Other education or training → specify: _____

If you are **a cancer patient**, please answer questions 11 - 16.

If you are **not a cancer patient**, please skip to question 16.

The next three questions ask about different types of treatment for your cancer.

Please read these questions carefully before responding.

Please turn over...

11. a) Date of 1st diagnosis: _____
Month / Year
- b) Type(s) of cancer: _____
- c) What type(s) of treatment have you received or are scheduled to receive (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Hormone Treatments |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Other → specify: _____ |
| <input type="checkbox"/> None of the above (see also Question 13) | |

12. Have you experienced any recurrences (check one)?

- No → Go to Question 13
- Yes → Complete parts a) to c) below

- a) Date(s) of recurrence(s): _____
Month(s) / Year(s)
- b) Type(s) of recurrence(s): _____
- c) What type(s) of treatment(s) for your recurrence(s) have you received or are scheduled to receive (check all that apply)?
- | | |
|---|---|
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Hormone Treatments |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Other → specify: _____ |
| <input type="checkbox"/> None of the above (see also Question 17) | |

13. Many cancer patients receive treatments in addition to those provided by their cancer specialist. Which of the following treatments have you received for your cancer (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Herbal Therapies (e.g., essiac, ginseng) | <input type="checkbox"/> Shark Cartilage |
| <input type="checkbox"/> Vitamins (e.g., beta-carotene, Vitamin C) | <input type="checkbox"/> Physical Therapies (e.g., chiropractic, massage) |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Expressive Art Therapies (e.g., art, music) |
| <input type="checkbox"/> Immune System Boosters | <input type="checkbox"/> Psychological Therapies (e.g., imagery, psychotherapy) |
| <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Diet (e.g., Gerson, grape cure, macrobiotics) |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Other → specify: _____ |
| <input type="checkbox"/> Traditional Chinese Medicine | |
| <input type="checkbox"/> None of the above (see also questions 15 and 16) | |

14. What is the name of your family doctor? _____ Oncologists/Specialist _____



15. At which hospital are you receiving treatment?

Please turn over...

Please Specify: _____

16. What do you hope to gain from joining Wellspring (check all that apply)?:

- Emotional support
- Coping skills
- Information other medical resources
- Information about complimentary programs
- Communication skills to improve sharing information about cancer with others
- Other → specify: _____

Wellspring conducts internal evaluation of its programs on an on-going basis as part of its commitment to program quality. Would you be willing to receive information from Wellspring about its evaluation activities?

Yes **No**

Wellspring also participates in research to understand better supportive care needs and issues related to cancer. Would you be willing to receive information from Wellspring about its research activities?

Yes **No**

Thank you!

Wellspring Calgary - Carma House
1404 Home Road NW - Calgary Alberta T3B 1G7 - Phone (403) 521.5292 Fax (403) 521.5298

Please read and sign the Release and Indemnity below.

Release and Indemnity

Wellspring Calgary is proud of what it does. But problems can arise that might lead to someone being injured. Because that might happen, Wellspring Calgary is asking you to carefully consider your own needs and well being and to determine for yourself whether you are able to safely participate in the program you want to take.

If you do decide to participate, Wellspring Calgary asks that you carefully read this document and, if you are prepared to do so, to sign it. The document says that you fully accept and assume all the risk and all responsibility for any losses, costs, and damages that might result because of your participation in an activity sponsored by Wellspring Calgary.

Please send the signed document to Wellspring Calgary by mail or bring it to your first class. In reading the document the following words are particularly defined:

“Activity” means any event or activity either organized or arranged by Wellspring Calgary or its Volunteers or Others that includes participation by you because of your association with the operations of Wellspring Calgary.

“Loss” includes personal injury, illness, death, property damage or other loss of any nature or kind however caused and whether arising by reason of the negligence of Wellspring Calgary, its employees, contractors, Volunteers or anyone else, or whether the loss is caused in some other way.

“Others” includes any employees, contractors, agents or representatives of Wellspring Calgary.

“Volunteers” includes Wellspring directors and officers and any person volunteering in the organization or the running of Wellspring and with respect to an Activity, any person running the Activity, and the respective heirs, executors, administrators, and personal legal representatives of all of those people.

I agree to I accept all responsibility and liability for any and all risks and hazards of Loss and for any Loss that I may suffer in any way connected with an Activity of Wellspring Calgary. Wellspring Calgary, its Volunteers and Others are not responsible or liable for any Loss I may suffer in any way connected with that Activity.



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will not sue or otherwise make a claim against Wellspring Calgary, its Volunteers and Others for any Loss I may suffer in any way connected with an Activity. I hereby give up my right to make any such claim and I hereby indemnify Wellspring Calgary, its Volunteers and Others for any claims, including any dependants' claim for damages under applicable statutes or otherwise that may be made against them arising out of any Loss I may suffer arising from my participation in an Activity, and as well as for any legal fees or other costs incurred in defense of any such claim.

I will indemnify Wellspring Calgary, its Volunteers and Others for any claims that may be made against them for any Loss I may cause and for any legal fees or other costs incurred in defense of any that kind of claim.

I also agree that by signing this document I am agreeing for myself, for my heirs, and for my executors, administrators, legal personal representatives and anyone else who may claim on my behalf.

I am 18 years of age or older, or if not, I have had this document reviewed and executed by my parent or legal guardian. I have read this agreement and fully understand its terms. I particularly understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is found to be invalid, notwithstanding that finding, the balance will continue in full force and effect.

Signed this _____ day of _____ in _____.

Signature: _____ (member or parent/guardian)

Name of Signator: _____ (member or parent/guardian)

If parent/guardian, please note name of child: _____

Witnessed this _____ day of _____ in _____.

Signature: _____

Name of Witness: _____