☐ Tele Support Group
☐ Support Group

WNY Ovarian Cancer Project

Ovarian Cancer Support Group
Participant Information Sheet
Send via e-mail to: kkurtz@wnyovariancancerproject.org
Or Mail to: WNY Ovarian Cancer Project, Inc.
6006 Georgetown Ct.
Pendleton, NY 14094-9528

Date:_____

Name:_____

Address:_____

City, State, Zip:_____

Day Phone:_____ Evening Phone:_____

E-Mail : _____

OVCA diagnosis date_____ recurrence date/s?_____

Stage/type _____ Doctor/s _____

Would you like to be on the group roster? o YES o NO

*By answering **YES** you have given your permission to allow the personal information above to be included on the group roster, which is a hardcopy distributed to all women in the group. You can contact the group facilitator at any time if you reconsider and want your information removed from the list.*

*If you do not want to share your personal information please select the **NO** option.*

Add to email lists?

Support Group	o yes	o no
Telephone Support Group	o yes	o no
WNYOCP Newsletter & Event Emails	o yes	o no

Support Contact: (in case of emergency)

Name: _____

Relationship: _____Phone:_____

Optional

Your Date of Birth:_____ Age: _____
Are you currently receiving counseling? Yes No
With whom do you live? _____spouse/partner _____I live alone
_____children _____roommate
_____other family members
Do you have children under the age of 18 living in the home? Yes No

☐KK ☐OFFICE