

Middle Tennessee Camp Bluebird Information Sheet

September 19, 20, 21, 2008

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Age _____ Sex: _____ Religious Preference: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax Phone: _____ Pager/Voice Mail: _____

Email Address: _____ Employer: _____

Occupation: _____ Title: _____

Is this your first camp? _____yes _____no If no, list your counselors/cabin # _____

Medical Information:

Type of Cancer: _____ Year Diagnosed _____

Oncologist's Name: _____ Phone: _____

Surgeon's Name: _____ Phone: _____

Radiologist's Name: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Name Any Known Allergies: _____

Diet: Regular Low Sodium Diabetic Soft Liquid
 Other: _____

Current Treatment: Are you presently receiving treatment for your cancer? Yes No

If yes, **Check the box(s) below indicting the type of treatment you are receiving NOW:**

Radiation Surgery Bone Marrow Transplant Stem Cell Biotherapies
 Chemotherapy (List) _____
 Other treatment you are currently receiving: _____

List all other medications you are currently taking: _____

Do you need help with any medications? Yes No

Is refrigeration needed? Yes No

Past Treatment: What Type of treatment have you received in the **PAST:**

Chemotherapy (List) _____ Radiation Surgery

Bone Marrow Transplant Stem Cell Other: _____

Please list any physical limitations for which you may need assistance (walker, oxygen, assistance with climbing stairs, dressing, etc.): _____

Name of Hospital: _____

Insurance Company: _____ Policy Number: _____

Policy Holder's Name: _____

Name: _____

9/08

Educational opportunities will be available at camp. The following information will assist us in planning. Please check all that apply:

I would like information about:

- cancer (specify type: _____)
- chemotherapy (specify type: _____)
- new types of treatment (please specify _____)
- chemotherapy side effects:
 - low blood counts
 - fatigue
 - nausea/vomiting
 - mouth soreness
 - trouble swallowing
 - taste changes
 - numbness and tingling in hands or feet
- nutrition
 - finding foods for special problems such as trouble swallowing
 - how to gain weight
 - how to lose weight
- pain control
- communicating with family members
- getting back to normal after cancer treatment
- depression
- other (please specify: _____)

I would like to receive this information in the following ways:

- classroom setting
- written information
- talking with a trained professional
 - nurse
 - social worker
 - dietician
 - chaplain

Is there any other way in which we can be helpful to you?