



CANCER SUPPORT SERVICES APPLICATION

We provide non-medical services to help people experiencing cancer and their family members to meet basic needs, ease stress, and promote quality of life. Services include: help with transportation and food costs, housecleaning, meal preparation, errands, massage, yoga, cancer and fitness coaching, and more.

PATIENT INFORMATION

Name _____ Date of Birth _____

Mailing Address _____

Physical Address _____

Phone (home) _____ Email _____

Phone (work) _____ (cell) _____

Marital Status: Married/Partnered Single (divorced, widowed)

Name of Spouse/Partner/Support Persons _____ Phone _____

Employer _____ Job Title _____

Do you have insurance? Yes No Type of insurance _____

Are you currently receiving assistance from other agencies? Yes No

Do you have a good support system at home? Yes No

Do you have people and/or pets that depend on you? Yes No

What types of services are you most interested in?

Housecleaning Help with errands Personal care Pet care Lodging help

Help with food Help with meal preparation Help with transportation/gas

Massage Yoga Feldenkreis®

Health coaching Fitness coaching Cancer coaching

Support group Grief & loss support Other _____



MEDICAL INFORMATION

Please have your primary care physician's office or treating physician's office complete this section.

Date of Diagnosis: _____ Primary Cancer/Diagnosis _____

Treatment _____ Treatment start date _____

Is the patient in active treatment? Yes No _____ If No, Date of last treatment: _____

Primary Care Physician in Taos Yes No _____ Name if Yes _____

MD Name _____ Hospital/Clinic/Practice _____

Address _____ City, State, Zip _____

Phone () _____ FAX: () _____

Signature of Medical Professional _____

Patient name (Printed) _____

Patient Signature _____

Date: _____ DOB _____

Please return completed application by mail or drop off to:

Cancer Support Services
Jason Pfeifer, Coordinator
413 Sipapu Street
Taos, NM 87571

Phone: (575) 751-8927
FAX: (575) 751-7052