

CANDLELIGHTERS PATIENT & FAMILY SERVICE REQUEST

CHILD INFORMATION

Today's Date: _____

Diagnosed Child's Full Name: _____ Sex: Male Female
Date of Birth: ____/____/____ Social Security # XXX-XX-____ Race: _____
Diagnosis: _____
Date of Diagnosis: ____/____/____ If Deceased/ ____/____/____
Doctor's Name: _____ Phone: _____
Clinic/Hospital: _____
Social Worker: _____ Phone: _____
Insurance Company: _____ Policy# _____
Date of Bone Marrow Transplant: ____/____/____ Location: _____
Date of Final Chemo: ____/____/____ School: _____

PARENT INFORMATION

Parents Last Name: _____ Marital Status: _____ Child Lives With _____
Fathers First Name: _____ Mothers First Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ - _____ County _____
Telephone: (Home Phone#) () _____ - _____
(Father's Work#) () _____ - _____ (Mother's Work#) () _____ - _____
Additional Contact _____ (Phone #) () _____ - _____
Do You Own a Computer? Yes No Do You Own A Cell Phone? Yes No
E-MAIL ADDRESS if available: _____

SIBLING INFORMATION

<u>List all Siblings</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Primary Language: English Spanish Italian Creole Other _____

Other Information: _____

Candlelighters of Southwest Florida, Inc. may forward this information to other health agencies including the American Cancer Society, American Childhood Cancer Organization and The Leukemia & Lymphoma Society who may offer additional services to benefit the patient.

Parent Signature required for Services _____

May we include you in the Candlelighters Parent Directory? Yes No

Return form to: Candlelighters of Southwest Florida, Inc.

9981 S HealthPark Drive

Fort Myers, Florida 33908

(239) 432-2223 or Fax to (239) 432-1032

www.CandlelightersSWFL.org OR info@CandlelightersSWFL.org