

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