



SEGO BUDDIES

"We Need Each Other"

A free patient to patient support program

Contacts:

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If you would like to participate, please fill out this sheet and give it to a staff member, or mail it to Janet Kempe at the address above. Your signature implies that we may share this private information with the patient/s we select to be your SEGO Buddy.

Your Signature: _____ Date: _____

Please pair me with another SEGO patient to ***both give and receive*** support. []

◆ OR ◆

Pair me with another SEGO patient so that I can ***receive*** support. []

Pair me with another SEGO patient so that I can ***give*** support. []

Printed Name:

Birth Year:

Address:

City:

Zip:

Home #:

Work #:

Cell #:

Year Diagnosed:

Diagnosis:

Stage:

SEGO Doctor:

"Comments..."

My primary coping issues right now are:

My hobbies and interests are:

Spiritual []

Hobbies:

Family []

Talents:

Financial []

Gardening []

Travel []

Medical Insurance []

Sports []

Career []

Cancer Treatment []

Family []

Emotional []

My religion [] is:

Recurrence []

Email [] Email Address:

Other:

Other: