

SEGO "CAREGIVER" BUDDIES

"We Need Each Other"

A free CAREGIVER to CAREGIVER 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 CAREGIVER/S we select to be your SEGO Buddy.

Your Signature: _____ Date: _____

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

◆ OR ◆

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

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

My Name: _____ My Birth Year: _____

Relationship to Pt: _____ Pt's Name: _____ Pt's Birth Year: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Year Pt 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: