

# Participant Application Form.

Please print clearly

Please return completed form to [admin@mendingcasts.org](mailto:admin@mendingcasts.org)

Mending Casts Inc. does not share your medical information with any third party without your permission.

Location of Retreat \_\_\_\_\_ Date of Retreat \_\_\_\_\_

Name. \_\_\_\_\_ Preferred name. \_\_\_\_\_

Address. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email. \_\_\_\_\_

Date of Birth. \_\_\_\_\_ Dominant hand.  left  right **Shirt size.** \_\_\_\_\_ **Shoe size.** \_\_\_\_\_

Emergency Contact Name. \_\_\_\_\_ Relationship. \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Approx date of diagnosis? \_\_\_\_\_ Type of Cancer? \_\_\_\_\_

Do you have Metastatic Cancer? \_\_\_\_\_. If yes, where? \_\_\_\_\_

Surgery? \_\_\_\_\_ Date of last surgery? \_\_\_\_\_

Chemo. **Yes / No.** Last Treated Date. \_\_\_\_\_ Radiation. **Yes / No.** Last Treated Date. \_\_\_\_\_

Additional Surgeries if any? \_\_\_\_\_

Ongoing Treatment if any? \_\_\_\_\_

Do you have Lymphoedema (swelling) to arm, leg, chest or abdomen.  yes.  no.

Do you have Neuropathy (numbness, pain)?  hands.  feet.  both.  other \_\_\_\_\_

Do you have physical or mobility restrictions or limitations (including range of motion/strength in arms or legs) that we should know about? Explain \_\_\_\_\_

(we can cater for most restrictions so please don't be put off applying if you have any 😊)

Other Medical Conditions. \_\_\_\_\_

Medications. \_\_\_\_\_

Dietary Restrictions  no.  yes. Explain. \_\_\_\_\_

Do you belong to a Cancer Support Group?  no.  yes. Name. \_\_\_\_\_

Have you Fly-fished?  yes.  no. Skill level? \_\_\_\_\_

Is there anything else you would like us to know about you?

\_\_\_\_\_  
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