



## COUPLES PROGRAM APPLICATION

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Cancer Clinic # \_\_\_\_\_

Address: \_\_\_\_\_

Healthcare #: \_\_\_\_\_

City / Prov: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Name of Spouse/  
Companion \_\_\_\_\_

Other phone: ( ) \_\_\_\_\_

Birthdate: \_ \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Age: \_\_\_\_\_

Desired Retreat dates: \_\_\_\_\_

1. Current occupation: \_\_\_\_\_

4. Are you currently under the care of a physician (oncologist or other medical doctor) as required by program?

Yes  No

2. Past occupation(s): \_\_\_\_\_

5. Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Current work status:

Paid employment  
 Full time  Part time

Ph: ( ) \_\_\_\_\_

Disability Leave  Not working

6. When did you last communicate with your oncologist or primary doctor?  
\_\_\_\_\_

7. Does your oncologist know you are coming to the program?

Yes  No

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### FOR OFFICE USE ONLY

Date application received: \_\_\_\_\_  
Deposit: \$ \_\_\_\_\_

Balance due: \$ \_\_\_\_\_  
Date balance received: \_\_\_\_\_

Bursary requested: Yes \_\_\_ No \_\_\_  
Bursary amount granted: \$ \_\_\_\_\_

Retreat dates: \_\_\_\_\_  
Retreat I.D. #: \_\_\_\_\_

## MEDICAL HISTORY

8. Your cancer diagnosis (please be specific):

\_\_\_\_\_

9. Date of your initial diagnosis:

\_\_\_\_\_

10. Do you have any metastasis?

Yes       No

Location:

\_\_\_\_\_

11. Have you had any recurrences?

Yes       No

Date:

\_\_\_\_\_

12. Cancer-related **procedures**

(i.e. surgery, chemotherapy, radiotherapy)

Procedures	Approx. Dates
_____	_____
_____	_____
_____	_____

13. What medical therapies are projected for the future?

_____	_____
_____	_____
_____	_____

14. Other medical conditions (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Would your participation in this program delay any treatment suggested by your physician?

Yes       No

Describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THE PROGRAM

16. Can you climb stairs to second floor bedrooms?

Yes       No

17. Do you have any physical limitations which would make it difficult to participate fully?

Yes       No

Describe

\_\_\_\_\_

\_\_\_\_\_

18. Other special needs:

\_\_\_\_\_

19. How did you hear about the program?

\_\_\_\_\_

\_\_\_\_\_

20. Would you be prepared to attend on short notice?

Yes       No

21. Would you be interested in a program for couples if it were to be developed in the future?

Yes       No

## STRESS AND SUPPORT

22. Describe any major stresses, life changes or losses that **preceded** the onset of the cancer (or recurrence).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Describe the areas of most stress in your **present** life (e.g. cancer therapy, relationships, work, finances, other).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Who are the major sources of support or nurture in your life?

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25. How do you hope to benefit from participation in the Tapestry Program?

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26. Describe any fears or concerns you may have about the program:

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### FINANCIAL INFORMATION

Participants receive an estimated \$2,750 worth of goods and professional services, however support from generous donations by individuals and corporations help to reduce the cost to individuals. **The fee to take part in this five-day program is \$1600.**

We do not believe that cost should be a prohibitive factor, therefore participants in need may be eligible to receive a **bursary** to defray part of or the entire fee. (*Eligibility to be determined at time of personal interview prior to Retreat*).

\_\_\_\_\_ We will attend the retreat, but are not willing to participate in the pre/post retreat evaluation interviews.  
Cost \$2700

\_\_\_\_\_ W will attend the retreat and participate in the pre/post retreat evaluation interviews (Time required approximately 2 hours). Cost \$1600

\_\_\_\_\_ We can pay \$\_\_\_\_\_ and therefore require a bursary. (As a condition of the bursary, you must participate in the pre/post retreat evaluation interviews.)

Please return the completed confidential information  
(application, signed Informed Participation Statement and deposit) to:

**TAPESTRY RETREAT PROGRAM**  
**Department of Psychosocial Resources, Tom Baker Cancer Centre**  
**1331 - 29 Street NW, Calgary, AB T2N 4N2**  
**PHONE: (403) 944-1272 ● FAX: (403) 944-8340**  
**www.tapestryalberta.com**

*If you have any questions, please do not hesitate to call:*

Dr. Steve Simpson: (403) 944-1272

