



PEER CONNECT

PERSONAL INFORMATION



Patient _____ Caregiver _____ Other _____ Male _____ Female _____

Age or Date of Birth _____

DEMOGRAPHICS

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Best time to contact: _____ Ok to receive texts? _____

Marital Status: _____ Children: _____

DIAGNOSIS (IF APPLICABLE)

What is your current diagnosis? _____ Date of Diagnosis: _____

Stage: _____ Treatment Facility : _____

Type of treatment: _____

Personal Interests: Our goal is to make the best match possible for you. Please provide us with a brief summary of your hobbies and interests.

Support needs: Please provide us with a brief description of your support needs or in what areas you feel you would best be able to offer support to others.

Where do you currently receive support? Please share with us a brief summary of your current support system. This could include family, friends or maybe your community.