



## Member Registration

Please complete this form and return it via fax, email, or mail to:  
2625 Mas Que Farm Rd., Annapolis, MD 21403  
Fax: 410-990-0943 Email: info@annapoliswellnesshouse.com

The information on this form will be kept confidential for use only by Wellness House volunteers and staff members. Thank you.

*Please print legibly.*

### **Personal Contact Information**

Name: \_\_\_\_\_ Sex: M / F I am a  Cancer patient  Caregiver or loved one  
Address: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work and/or cell (circle one): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Please be as specific as possible \_\_\_\_\_

Surgeon/Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  We may contact him/her (check for yes)

Medical Oncologist: \_\_\_\_\_ Phone: \_\_\_\_\_  We may contact him/her (check for yes)

Radiologist: \_\_\_\_\_ Phone: \_\_\_\_\_  We may contact him/her (check for yes)

### **Cancer History (if you are a caregiver or loved one, complete for the patient with as much information as you can)**

Patient's Name: \_\_\_\_\_

Type of cancer and stage: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_

Treatment history (i.e. surgery, surgery date, chemo, radiation): \_\_\_\_\_

### **Personal Health History**

Do you have any food allergies or allergies to cleaning products, perfume, etc? If so, explain: \_\_\_\_\_

Do you have a history or seizures or epilepsy? If so, explain: \_\_\_\_\_

### **Services**

I am interested in the following services at Wellness House of Annapolis:

Yoga  Reiki  Resource Library  Therapeutic Art  Massage  
 Child support programs  Tutoring for my child  Adult support groups  Personal or Family Counseling

## Wellness House Member Policies

*We encourage you to utilize our free services to aid you in your cancer journey. However, we ask you to respectfully comply to the following considerations:*

1. Call or e-mail to sign up for *all* classes and appointments.
2. Please make every effort to allow 24 hours for cancelations so that others may take your place in a class or appointment.
3. We understand that your life has been turned upside down and are here to support you through this journey. We will make every effort to accommodate your schedule, however, we ask that you respect your appointment time so that others may utilize our services. If you miss three appointments without prior cancelation, we will put you on a waiting list for your requested appointment time and will notify you if it is still available one day prior.
4. Please stay within the white fence surrounding Wellness House of Annapolis, and do not approach the horses. Wellness House and its visitors do not have access to the rest of the property.

I certify that the information given in this application is true and correct to the best of my knowledge. I understand that false information given on this application is sufficient for my dismissal from utilizing Wellness House services.

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Signature

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Date