



Participant Application Harmony Hill Cancer Retreat

7362 E. State Route 106
Union, WA 98592 (360) 898-2363 Fax: (360) 898-2364
www.harmonyhill.org cindy@harmonyhill.org

<i>Internal use only</i>	
Date Received:	_____
Name:	_____
<input type="checkbox"/> Confirm Sent	<input type="checkbox"/> Info Missing?
Retreat Date:	_____
Tools: <input type="checkbox"/> No	<input type="checkbox"/> Yes/Date: _____
Companion?	_____
Diagnosis:	_____

Application Instructions: Please fill out this application to its fullest. If a companion wishes to attend with you, please have this person fill out the *Companion Application*. Please include a check or money order in the amount of \$100 for each applicant. This deposit is fully refundable upon your arrival at the retreat, and WILL NOT BE PROCESSED. We will retain the deposit only if you cancel less than 30 days in advance of the retreat to help cover administrative costs associated with late cancellations. Until your application and deposit are received at Harmony Hill, we cannot place you on a roster or any waiting lists. Once we receive your application and deposit, you will be notified which retreat you are registered for via a confirmation email or letter. Please do not plan your cancer retreat attendance until you receive your confirmation from Harmony Hill before the retreat. Questions, contact cindy@harmonyhill.org.

- Requirements for cancer retreat attendance:**
- You are ambulatory
 - You are at least 18 years of age
 - You have not attended a three-day cancer retreat at Harmony Hill in the 12 months preceding this retreat.
 - You are accompanied by no more than one support person/companion (if the specific retreat weekend permits support persons/companions to attend)
 - You are currently a patient of a licensed physician
 - We receive your application and \$100 check or money order at least two weeks in advance of retreat, in order to allow for review and approval by a licensed health care professional.

About the costs of the retreat:

Our cancer retreats are offered at no cost to participants. This is possible thanks to the generosity of individual, business, and foundation supporters. You can support Harmony Hill's Cancer Retreats by:

- Cash or in-kind donations
- Bequests or endowed funds
- Facilitating a corporate sponsorship
- Introducing others to Harmony Hill's website at www.harmonyhill.org

Harmony Hill is a 501(c)(3) nonprofit organization.

Please fill out this application as completely as possible. This information gives us the opportunity to get to know you, meet your individual needs, and ensure that you have a comfortable stay.

List your first three date choices for attending a cancer retreat:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

- Please add me to ALL waiting lists and get me into the first available retreat
- I wish to attend with a companion, please get us into first available companion retreat (must send in companion application) Name/relationship of companion: _____
- I also wish to attend a one-day *Tools for the Journey: Living with Cancer* retreat. Date: _____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell: _____

E-mail _____ Preferred contact method: Email Postal

Female Male Birthdate _____

Occupation and brief occupational history _____

Participant Information:

Ages of children and/or support person, if any _____

How did you hear about the program? _____

What would you like to take away from your participation in the Cancer Program? _____

List briefly the area of most stress in your present life (e.g., cancer therapy, relationships, loneliness, work, finances, other): _____

What role, if any, has spirituality played in your dealing with cancer? _____

How are you feeling emotionally? _____

How are you feeling physically? _____

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

What are your concerns or fears about the program (if any)? _____

Medical Information:

What is your cancer diagnosis? (please be specific) _____

Do you have any metastases? (please be specific) _____

Approximate date of your initial diagnosis _____

Dates of recurrence, if any _____

Name of your primary medical doctor _____

phone number & location: _____

Approximate dates and types of both present & past medical treatments including all surgeries & procedures

Approximate dates & types of complimentary therapies, both present & past (including support groups):

<u>Therapy type</u>	<u>Approx. Dates</u>
_____	_____
_____	_____
_____	_____

List any medications you are currently taking for pain, depression or other conditions

Medication	Prescribed for	Dosage	How long have you been taking this?

Do you have any indwelling tubes, pumps, or appliances at present? _____

Do you have any allergies to medications, or other medical needs including injections or personal care, we should know about? _____

Are there any physical limitations you have that may require that you have assistance in order to participate in the program as described on our sample master schedule (e.g., dizziness or lightheadedness, shortness of breath, difficulty walking on uneven surfaces or stairs)?

Do you snore? Yes No Are you sensitive to people who snore? Yes No

Is there anything we need to know in order to be sure you are comfortable sleeping at Harmony Hill?

Can you climb stairs to second floor bedrooms? Yes No

Can you eat Harmony Hill's balanced, primarily vegetarian meals with occasional fish served, which are high fiber, low fat, no red meat or refined sugar? Yes No

Do you have any nutritional concerns our staff should be aware of (e.g., allergies, do not eat fish, dairy, wheat)?

Would you be willing to be interviewed about your experience at the Cancer Retreat? Yes No
If yes, would you be willing to have your story shared with others who might want to know about our programs?
Yes No

Optional: To assist us with future program development and funding please complete the following:

Home zip code _____ County _____ Age _____ Female Male

Household income: Low Medium High

African American or Black Caucasian Native American

Asian or Pacific Islander Latino Other: _____

Multiracial – indicate ethnic or racial terms that further or better describe your ethnic background: _____
 I do not wish to provide this information

**Harmony Hill Cancer Program
Informed Consent and Release of Information**

I have read and agree to (Please initial each box)

I understand that the Cancer Program is an adjunctive program of stress reduction, health education, and group support that does not replace appropriate medical treatment or the care of my oncologist or physician.

I understand that Harmony Hill is a rural retreat center in Mason County approximately 25 minutes from the nearest hospital.

I understand that the program addresses the physical, mental, emotional, and spiritual aspects of human health from a non-sectarian perspective.

I understand that Harmony Hill reserves the right to request that any participant in this program withdraw for reasons of health, safety or the best interest of the group.

I understand that I must be under the care of an oncologist or other appropriate physician, in order to participate.

I understand that I may be asked on a voluntary basis to fill out minimal research-related assessments in the course of the program.

Release of Information

I give my permission to the staff of Harmony Hill Retreat Center to contact my physician and/or health care providers regarding questions concerning my medical condition and treatment. My physician or health care provider may release information regarding my care that is deemed pertinent to attendance and participation at the Cancer Retreat.

I understand that contact is made at the discretion of the staff of Harmony Hill and that I will be notified by Harmony Hill staff in the event my physician or health care provider has been contacted.

Signature of Applicant

Date

Retreat Participant Emergency Contact Information

NOTE: *We cannot process your application without this information.*

Participant name _____ Date _____

Emergency contact name: _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Phones: Day _____ Night _____ Cell _____

Please mail completed & signed application and \$100 refundable deposit (check please) to:

**Harmony Hill Retreat Center
ATTN: Cindy Shank
7362 E State Route 106
Union, WA 98592**

**Or FAX to: (360) 898-2364 Attn: Cindy Shank
If you do not receive confirmation within one week,
please contact us promptly.**