

# New Client Registration

A registration form for new clients

## 1. REFERENCES & DEFINITIONS

East Galway & Midlands Cancer Support: EGM

EGM-MA-01 Master List of Policies and Procedures

## 2. IMPLEMENTATION

Initial Contact Method Telephone  Drop-In

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

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

Street \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Eircode: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I.C.E Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

I.C.E Relationship: (Partner, Spouse, Child, Parent etc.) \_\_\_\_\_

GP Name: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

### Statistical information

*(Please tick as appropriate)*

Stage of cancer journey:

- |                              |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|
| (a) Current cancer patient:  | <input type="checkbox"/> | Newly diagnosed          | <input type="checkbox"/> |
| (b) Cancer recurrence:       | <input type="checkbox"/> | Undergoing treatment     | <input type="checkbox"/> |
| (c) Previous cancer patient: | <input type="checkbox"/> | Completed treatment      | <input type="checkbox"/> |
| (d) Relative:                | <input type="checkbox"/> | Treatment for recurrence | <input type="checkbox"/> |
| (e) Friend:                  | <input type="checkbox"/> | Palliative               | <input type="checkbox"/> |



**Tel: (090) 964 2088**

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**Brackernagh, Ballinasloe, Co. Galway H53 P8H0**

Cancer History:

Cancer Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Consultant(s) \_\_\_\_\_  
\_\_\_\_\_

Hospital(s): \_\_\_\_\_  
\_\_\_\_\_

Medical insurance:

- (a) Private Health Cover
- (b) Medical card/HSE cover
- (c) None

Where did you hear about the EGM Centre?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Folder Created for Client

Client Entered into Database

Client # from Database \_\_\_\_\_

Consent Form received from Oncologist/GP



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