



waterfordplace

RUSH Cancer Resource Center

Participant Information Form

Waterford Place may use your personal information for registration, recordkeeping, new program development, and fundraising activities. Your information will remain within our organization and will not be shared externally. Waterford Place Cancer Resource Center is a Rush Copley Foundation community program. Rush Copley complies with Federal civil rights laws and does not discriminate based on race, color, religion, national origin, age, disability, sex, sexual orientation, or gender identity/expression. To withdraw consent for internal information sharing, please contact us at 331-301-5280.

Legal Name (Please Print): _____ Date: _____

Preferred Name (Please Print): _____ Preferred Pronouns: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Gender: _____ Sexual Orientation: _____

Email Address: _____

Preferred Phone Number: ☐ Cell ☐ Home Can Waterford Place Cancer Resource Center leave a message?
☐ Yes ☐ No

Emergency Contact Name (please print): _____ Relationship of Emergency Contact: _____

Emergency Contact Phone Number: _____ Can Waterford Place Cancer Resource Center leave a message for your Emergency Contact? ☐ Yes ☐ No

Cancer Specific Information

Primary Cancer Type: _____ Cancer Stage: ☐ Zero ☐ One ☐ Two ☐ Three ☐ Four ☐ Unknown

Approximate date of original cancer diagnosis: _____ ☐ Other: _____

Has the cancer metastasized / spread from it's original location? ☐ Yes ☐ No Has cancer recurred? ☐ Yes ☐ No

If yes, approximate date you learned it metastasized or reoccurred: _____

Physician's Name (Medical Oncologist, Radiation Oncologist or Surgeon): _____

Physician Location: _____ Did your physician or someone from their office refer you to Waterford Place Cancer Resource Center? ☐ Yes ☐ No

Current Cancer Treatment Information (Check the boxes that best describe each)

Treatment Status
☐ Pre-treatment
☐ Active Treatment
☐ Completed Treatment (Date Completed: _____)
☐ Supportive or Palliative Care Only

Current Treatment
☐ Surgery ☐ Watch and Wait ☐ To Be Determined
☐ Chemotherapy ☐ Targeted Therapy ☐ Radiation Therapy
☐ Bone Marrow / Stem Cell Transplant ☐ Immunotherapy
☐ Oral Hormones / Hormone Therapy

Race / Ethnicity	Faith Tradition	Your Primary Language
<input type="checkbox"/> White, Non-Hispanic/Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Pacific Islander / Hawaiian Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not To Share	<input type="checkbox"/> Judaism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Buddhism <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not To Share	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
		Medical Insurance Status
		<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured

Support Information			
Adults (Currently living with you)		Relationship	
Children (Under the age of 18 and living with you)		Date of Birth	Relationship
Family Income			
In our efforts to provide helpful resource to all participants and for grant reporting purposes, Waterford Place Cancer Resource Center is requesting family household size and income information. The information you provide will remain confidential. Please indicate family size and estimated annual income level.	Family Size	Estimated Annual Income (optional)	
		Below	Over
	<input type="checkbox"/> 1	\$75,000	\$75,000
	<input type="checkbox"/> 2	\$102,000	\$102,000
	<input type="checkbox"/> 3	\$128,000	\$128,000
	<input type="checkbox"/> 4	\$155,000	\$155,000
	<input type="checkbox"/> 5	\$181,000	\$181,000
Release and Waiver			
<p>I, the undersigned, voluntarily choose to participate in the classes, programs, and services offered by Copley Memorial Hospital d/b/a Waterford Place Cancer Resource Center. I understand that participation in certain activities may involve physical exertion and require a minimum level of physical fitness. I acknowledge that there are inherent risks associated with such activities, and I agree to assume full responsibility for any injury, illness, or other adverse effects I may experience as a result of my participation. In consideration of being permitted to participate, I hereby voluntarily release, waive, and forever discharge Waterford Place Cancer Resource Center, and their parent, any subsidiary or affiliate corporation, including their officers, directors, employees, agents, independent contractors, and volunteers, from any and all liability, claims, demands, or causes of action of any kind, present or future, whether the same be known or unknown, anticipated, or unanticipated, including but not limited to those relating to bodily injury, illness, emotional distress, property damage, or theft or loss of personal property, arising out of or connected in any way with my participation in programs, services, or use of the facilities.</p> <p>I further acknowledge and agree that if I fail to attend two (2) scheduled complementary therapy services appointments without providing notice, I will forfeit my eligibility for future complementary therapy services. I have read and fully understand this release and waiver of liability. I am aware that by signing below, I am giving up certain legal rights and remedies that may otherwise be available to me. I voluntarily agree to the terms and conditions set forth above.</p> <p>Waterford Place Cancer Resource Center will use your personal information only for registration and program purposes and will not share it with external parties. Your information also helps us develop and improve programs and raise funds to continue serving individuals affected by cancer.</p> <p>Waterford Place Cancer Resource Center is a Copley Memorial Hospital community program. Rush Copley Memorial Hospital complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, sex, sexual orientation, ancestry, marital or parental status or gender identity and/or expression, veteran's status, or any other category protected by federal or state law or county or city ordinance</p> <p>Participant Signature: _____ Date: _____ Time: _____</p> <p>If participant is under 18 years old:</p> <p>Legal Guardian Signature: _____ Date: _____ Time: _____</p> <p>Legal Guardian Name (please print): _____</p> <p>Relationship to Participant: _____</p>			
For Office Use Only			
<input type="checkbox"/> Pre-Treatment / In Treatment (Unlimited sessions for 18 months from date of diagnosis)		Activation Date: _____ (Date of Diagnosis / Reoccurrence)	
<input type="checkbox"/> Completed Treatment (12 sessions for 24 months from date of treatment completion)		Activation Date: _____ (Date Completed Treatment)	
<input type="checkbox"/> Metastatic / Advanced Stage (Unlimited sessions indefinitely)			
F. T. Score	<input type="checkbox"/> SGK Eligible		
CON-0113.rev1/2026 INTERPRETER ATTESTATION: Interpretation has been provided by _____ <input type="checkbox"/> Phone			