



If Hospital/Partner/Practitioner submitting on behalf of a cancer Fighter/Survivor: by submitting this form to Imerman Angels at the direction of the Fighter/Survivor listed below, Hospital/Partner/Practitioner certifies that it has obtained from Fighter/Survivor required and applicable consents and authorizations to share Fighter's/ Survivor's personal information, including but not limited to, authorizations required under the Health Insurance Portability and Accountability Act Privacy Rule and any applicable state privacy laws.

Date _____

Sylvester Comprehensive Cancer Center

Onsite Registration Form

If Fighter/Survivor:

- Give Support / Become a Mentor
- Receive Support / Request a Mentor
- I Have / Had Cancer
- I am a Previvor/High Risk

Contact Information:

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Gender Identity _____

Treatment Status:

- Newly Diagnosed
- Currently in Treatment
- Finished with Active Treatment
- Living with Cancer
- Other (please specify) _____
- Type of Cancer/Genetic Mutation _____
- Stage of Cancer 0 1 2 3 4 N/A / Unknown
- Date Diagnosed _____

If Caregiver:

- Give Support / Become a Mentor
- Receive Support / Request a Mentor
- I Am / Was a Caregiver to Someone with Cancer

Contact Information:

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Gender Identity _____

Person with Cancer:

Name of patient _____

Relationship to Person with Cancer _____

Their Date of Birth _____

Their Gender Identity _____

Type of Cancer _____

Stage of Cancer 0 1 2 3 4 N/A / Unknown

Date Diagnosed _____