Print Form

Place ...of wellness

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER
Making Cancer History™

南聲 癌症協會休士頓
HERALD CANCER ASSOCITAION Houston

Massage & Cancer *A New Approach to Caring for Cancer Patients*

March 20, 2010

關懷癌友『癌症按摩』研習營

報名表 WORKSHOP REGISTRATION

Name 姓名：_____ Birthdate 生日：_____

Address 住址：_____

City/State/Zip 城市/州/郵政號碼：_____

Telephone/Cell 聯絡電話：_____ E-mail 電郵：_____

Emergency Contact 緊急聯絡人：_____ Telephone 電話：_____

☐ Patient 癌友 ☐ Caregiver 照顧者

Diagnosis 診斷: _____ Diagnosis date 診斷日期: _____

Treatment History (please check all that apply) 請在下列適宜處打勾，填寫個人醫療記錄：

- ☐ Surgery 開刀手術 Date日期：_____
- ☐ Radiation 放射性治療 Date日期：_____
- ☐ Chemotherapy 化學治療 Date日期：_____
- ☐ Other, please explain 其他治療，請說明: _____

Physical Challenges (please explain as necessary) (若有下列的生理症狀, 請打勾, 必要時加上說明):

- ☐ Unusual Shortness of Breath 不正常呼吸短促
- ☐ Light-headedness or Fainting 頭昏或暈眩
- ☐ Need wheelchair access 須輪椅助行
- ☐ Difficulty with Physical Exercise 有運動障礙
- ☐ Vision Difficulties 視力困難
- ☐ Hearing Difficulties 聽力困難
- ☐ Balance Problems 平衡感失調
- ☐ History of Fractures 曾經骨折
- ☐ Numbness or Lack of Feeling in Hands or Feet 手腳有神經麻痺感覺
- ☐ Advise from a Physician not to Exercise 醫生囑咐不要作運動
- ☐ Other, please explain 其他，請說明：_____

How did you hear about the workshop? 你從那裏得和這研習營的訊息? _____

What do you hope to learn from this experience? 你希望從這次研習營學到什麼?

*Please remember to wear comfortable clothing. 請穿著舒適服裝參加

PARTICIPANT SIGNATURE 參加者簽名：_____

(Information below to be completed by *Place ...of wellness* Representative)

Date Confirmed 確認日期：_____ Representative 代理者簽名：_____

by March 13, 2010
3月13日前

Send completed registration by regular mail to 請將填好的表格郵寄至角聲癌症協會：
Herald Cancer Association - Houston
Herald Cancer Association - Houston, 7001 Corporate Dr., #379, Houston,TX77036
or via fax 傳真：713-270-8660， e-mail 電郵：hcahouston@yahoo.com