

# Sierra County Cancer Assistance (SCCA)

262 Lower Cuchillo Creek Road  
Truth or Consequences, NM 87901  
575-740-3971 or srfoxie@gmail.com

## Patient Signup Information

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Care Giver Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Requested Assistance Needed: \_\_\_\_\_

Your Current Condition: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Do you Smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you feel you should get assistance from us? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Do you need wheelchair vehicle assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ We are unable at this time to provide wheelchair assistance and do not have a vehicle that will accommodate a wheelchair.

Special needs or Items required for assistance: \_\_\_\_\_

How frequently do you feel Sierra County Cancer Assistance will be required?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_

If unable to sign designated Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

January 2019