



The Leukemia & Lymphoma Society Online Support Group
Caregiver Confirmation Form
in partnership with The Wellness Community (TWC)

We recognize that those receiving much-needed support via the Internet want to be confident that everyone in the Online Support Group (OSG) is a caregiver of someone who has cancer. Therefore, in order to start your OSG, we require that participants sign the "Caregiver Confirmation Form" indicating that they are a caregiver of a person with cancer and give TWC National permission to contact their physician or oncologist. In completing the form, be sure to include the name and contact information of your physician and return it to us at the following address:

The Wellness Community, Attn: Amparo Alvarez, 8609 South Dixie Hwy., Miami, FL 33143 or fax to 305-675-7939

Caregiver Information

Caregiver Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

E-mail: _____

Patient Name: _____ Cancer Type: _____

Relationship to Patient: _____

In connection with The Leukemia & Lymphoma Society and The Wellness Community Support Group in which I am participating, I understand that this group is intended only for the benefit of caregivers of people with cancer. I hereby authorize The Wellness Community to contact my physician to confirm that I am a caregiver to a person with cancer. I further understand that The Wellness Community may contact my physician on occasion concerning my participation in The Leukemia & Lymphoma Society and The Wellness Community programs. The Leukemia & Lymphoma Society and The Wellness Community online support groups are educational and informational support programs.

X

Caregiver Signature Date

Physician Information

Physician Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-mail: _____

I, _____, verify that _____ is a primary caregiver to a loved
(Physician Name) (Caregiver Name)
one with cancer.

X

Physician Signature Date