

Patient Navigation Questionnaire

Applicant is: Patient Patient representative

Today's Date: _____

PATIENT INFORMATION (please print clearly)

Patient Name: _____

Date of Birth: _____ Age: _____

Address: _____

Email Address: _____

City, State, Zip: _____

Preferred Phone: _____

County: _____

Phone 2: _____

Sex: Male Female Is the patient a U.S citizen? Yes No Does the patient have health insurance? Yes No

Race / Ethnic Origin:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Indian	Other: (specify) _____
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Gross Household Income: _____ Household #: _____

MEDICAL INFORMATION (please print clearly)

Primary Cancer: _____ Current Stage: _____

Treatment history to date:

Do you need wheel chair assistance for travel? Yes No Are you hearing impaired? Yes No

Do you require oxygen support or need to travel with an oxygen tank? Yes No

Are there any medical issues that would prevent you from traveling?

Are there any family issues that would prevent you from traveling?

Access to technology: Smart phone Computer Printer Tablet Veteran Active Duty Reservist

Occupation. If student what grade.
Hobbies or particular talents?

How did you hear about us? _____ Would you like to be on our mailing list? Yes No

NAME OF PERSON COMPLETING THIS QUESTIONNAIRE, IF DIFFERENT THAN PATIENT ABOVE: (please print clearly)

Name: _____ Phone Number: _____

Email Address: _____

Your relationship to person applying for help: Self Spouse Family Member Friend Health care representative

Fax this form to 925-552-7305 or email to Rnoonan@lazarex.org or mail to Lazarex Cancer Foundation, P. O. Box 741, Danville, CA 94526.
Lazarex Cancer Foundation will review this information and contact the person requesting financial assistance.

Lazarex Cancer Foundation is committed to the principles of equal access to services. Lazarex prohibits discrimination against any person on the basis of race, color, national origin, age, disability, sexual orientation, gender or gender expression, marital, familial, or parental status, religion, genetic information, military status, political beliefs, or any other status protected under local, state, or federal law, in connection with its programs and activities. This policy extends to all personnel decisions, terms and conditions of employment, vendor contracts, and the provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, subcontractors, vendors, and patients.