



RCN: 20142445

## CLIENT REGISTRATION FORM

### Personal Information

Name:	
Address:	
Date of Birth:	
Phone Number:	
Email:	
Next of Kin: (Name & Contact Number)	
Is your illness cancer related	

### Type of Assistance

How Can We Help	
Name of Hospital's where you will Attend 1	
2	
Please tick (if seeking hospital transport assistance)	Monthly      Weekly      Daily
Frequency	
When does, your Treatment Begin	
If you have any medical conditions or other issues that you feel we should be aware of please supply details.	

### Additional Information

How did you learn about Rathdrum Cancer Support Group?	

I hereby give my permission for the above information which I have given to be kept on file by the Rathdrum Cancer Support Group on the condition that this information is not shared with any third party without my prior consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information is treated in the strictest confidence

RCSG, St. Anne's House, Lower Main Street, Rathdrum, Co. Wicklow

**0876917675 / 0872928660**