

REGISTRATION FORM

To be eligible for Sweet Louise Services vouchers, you need to register with us. Register with us online, or fill out the form below. In registering, we ask for your details, and also other information that may help us inform you of specific services that will assist you, and that will help our Support Co-ordinator understand what your needs might be.



Tell us about yourself (You must complete the information requested with a *)

First name* _____ Middle name _____

Last name* _____ Date of birth* _____

Ethnicity _____ Marital status _____

* I confirm I have metastatic breast cancer

Street Address* _____

Suburb* _____ City* _____

Home phone* _____ Work phone _____

Mobile phone _____

Email address _____

Preferred method of communication (email, homephone, mobile, work...) _____

If your postal address is different from the above, please enter below:

Address _____

Suburb _____ City _____

If you wish to access Sweet Louise member areas on our website (www.sweetlouise.co.nz) we will need you to fill out the following details, in addition to your email address:

Self-selected user name _____ Self-selected password _____



Your referring healthcare practitioner (We will need to confirm your eligibility with your provider)

Healthcare practitioner* _____

Healthcare provider organisation _____

Provider type* (General Practitioner, medical oncologist, hospice, practice nurse etc)

Address (street) _____

Suburb _____ City _____

Phone number* _____

Email _____

3

Tell us about your dependants. (This will help us consider the needs of your family.)

Dependant 1:

Name _____ Date of birth _____ Female/Male

Dependant 2:

Name _____ Date of birth _____ Female/Male

Dependant 3:

Name _____ Date of birth _____ Female/Male

(Please use a separate sheet if you have more than three dependants.)

* I have read the Sweet Louise Terms & Conditions and agree to them.

I also authorise the Louise Perkins Foundation to verify the details set out in this application (including obtaining verification of my medical condition from my medical advisers), and that my nominated medical advisers are authorised to disclose this information to LPF.

Signed _____

Name (please print) _____

Respecting your Privacy

The Louise Perkins Foundation will keep your name and details on our database so that our Patient Support Co-ordinator can contact you regarding your care and our services.

Information may also be used by LPF for planning, service development and research and to endeavour to ensure that the programme continues to fully meet the intended purposes for which it was established. We will not pass your details on to any third parties, except sufficient detail to our service providers so that they can authenticate your right to voucher services.

Please post or fax this form back to

Sweet Louise
PO Box 137-343, Parnell
Auckland
New Zealand
Or
Fax: 0800 11 22 76

SWEET | THE
LOUISE | LOUISE PERKINS
FOUNDATION