



Diagnosis Information

Date of Diagnosis: ____/____/____ Stage of Cancer: _____

Type and Sub type of Gynecologic Cancer: _____

(Type Examples: Ovarian, Uterine, Endometrial, and Vaginal)

(Sub Type Examples: Clear Cell, Germ Cell, Serous Carcinoma, ETC.)

Date of Last Treatment: ____/____/____

Treatment: (please check all that apply)

_____ Surgery

Please Elaborate: _____

_____ Chemotherapy How Many Treatments? _____

_____ Radiation How Many Treatments? _____

_____ Clinical Trail

Please Elaborate: _____

Are you currently undergoing treatment? _____

Please Specify: _____

Where were you treated? (Hospital / Cancer Center) _____

Treatment Notes: _____

Surgeon's Name: _____

First

Last

Location: _____

Oncologist's Name: _____

First

Last

Location: _____



Please indicate which of the following were the most stressful for you at the time of diagnosis:

- Career/Job Emotional Distress Fatigue Fear of Death
- Fear of Recurrence Fertility Finances Nutritional Concerns
- Parenting Physical Changes Relationships Sexuality

Please indicate which of the emotions you felt after your diagnosis:

- Anxiety/Stress Depression Fear/Worry Gratitude
- Denial Hope Sadness/Depression Guilt Loneliness

Please indicate if any of these issues are still a concern to you:

- Career/Job Emotional Distress Fatigue Fear of Death
- Fear of Recurrence Fertility Finances Nutritional Concerns
- Parenting Physical Changes Relationships Sexuality

Employment Status During Treatment: _____

Current Employment Status: _____

Is there something that you do (personally, professionally, etc.) or something unique to your cancer journey that you feel might be important when connecting to a newly diagnosed patient who is seeking a mentor?

Why are you interested in becoming a mentor?

I hereby confirm that the information provided in the above application form is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from consideration as a mentor. I will consider all information that I gain in my mentorship position to be confidential. I understand that my mentorship position will be terminated in an event of breach of confidentiality.

Print Name: _____

Signature: _____

Date: _____



If you are unable to submit your application via email to ashley@wisconsinovariancancer.org, please mail your application and photo to:

WOCA – 13825 W. National Ave. Suite 103 – New Berlin – WI – 53151

ATTN: Ashley Schneider