

# Metastatic Breast Cancer (MBC) Peer-To-Peer: Support Group Membership Sign-Up Form

**The MBC Peer-To-Peer: Support Group Membership Request Form** should be completed by persons with metastatic breast cancer (MBC aka stage IV breast cancer), who would like to get together with other MBC patients to share information, concerns and resources, to obtain resource materials, participate in enjoyable social activities and otherwise find understanding and friendship within a community of MBC patients.

**The Peer-To-Peer: Support Group Leader** also has MBC. The leader is there to listen, offer advice, potentially arrange guest speakers, provide information, coordinate activities, and in short, help.

**The Peer-To-Peer: Support Group Leader** is not trained to provide clinical education, treatment recommendations or medical opinions.

The information provided below will be utilized by the peer leader to contact you and arrange meeting times that work for everyone participating in the **Peer-To-Peer: Support Group**. Additional information shared with the **Peer-To-Peer: Support Group Leader** is strictly at your discretion.

THE COMPLETED PEER-LED SUPPORT GROUP MEMBERSHIP REQUEST FORM SHOULD BE PASSED TO YOUR LOCAL PEER LEADER.

NAME \_\_\_\_\_

AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

NAME OF SPOUSE / SIGNIFICANT OTHER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

AGES OF CHILDREN UNDER AGE 18 LIVING AT HOME  
FULL OR PART-TIME \_\_\_\_\_

DATE INITIAL BREAST CANCER DIAGNOSED \_\_\_\_\_

TREATMENT RECEIVED \_\_\_\_\_

DATE BREAST CANCER METASTASIS DIAGNOSED \_\_\_\_\_

LOCATION(S) OF SPREAD \_\_\_\_\_

LOCATION(S) OF SPREAD \_\_\_\_\_

CURRENT TREATMENT \_\_\_\_\_

WORKING FULL TIME? \_\_\_\_\_

WORKING PART TIME? \_\_\_\_\_

ABLE TO DRIVE? \_\_\_\_\_

BEST DAYS/TIMES TO GET-TOGETHER (OPTION 1) \_\_\_\_\_

BEST DAYS/TIMES TO GET-TOGETHER (OPTION 2) \_\_\_\_\_

BEST DAYS/TIMES TO GET-TOGETHER (OPTION 3) \_\_\_\_\_

☐ YES ☐ NO

I AGREE TO HAVE MY NAME, MY HUSBAND'S NAME, MY ADDRESS, EMAIL, PHONE NUMBER AND MEMBERSHIP START DATE ADDED TO A MEMBERSHIP ROSTER THAT IS SHARED SOLELY WITH THE OTHER SUPPORT GROUP MEMBERS.

SIGNATURE OF NEW MEMBER \_\_\_\_\_

DATE \_\_\_\_\_

THE BELOW FIELDS SHOULD BE FILLED OUT  
BY THE PEER-TO-PEER: SUPPORT GROUP LEADER

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_