

Client Survey - Intake

Client Name: _____

County: _____

I received my most recent diagnosis of breast cancer:

Less than one month ago between one month and six months ago
 Between six months and one year ago More than one year ago

Please rate your concern over the following items by circling your answer:
(1 not worried, 2 somewhat worried, 3 extremely worried)

My ability to pay for my treatment: 1 2 3

My ability to follow my doctor's recommendations about my treatment: 1
2 3

My family's ability to cope with my cancer: 1 2 3

The services I need to stay in treatment are (check as many as needed):

- Payment for insurance deductibles
- Co-payments for medications, physician visits or lab work
- Payment for insurance premiums
- Payment for medical supplies or durable medical equipment
- Payment for child care to participate in medical treatment
- Payment for home health services
- Other Describe: _____