



223 Riverview Dr. Suite J  
Danville, VA 24541  
(434) 791-3227  
(434) 791-4815 – FAX  
[www.danpittcancer.org](http://www.danpittcancer.org)  
[info@danpittcancer.org](mailto:info@danpittcancer.org)

## CONFIDENTIAL CLIENT APPLICATION FORM

Client's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Cancer \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Oncology Physician \_\_\_\_\_ Phone \_\_\_\_\_

Oncologist's Address \_\_\_\_\_

Patient Navigator/Case Worker \_\_\_\_\_ Phone \_\_\_\_\_

What type of treatment are you receiving? (Please circle): Chemo Radiation Other \_\_\_\_\_

Where are you taking your treatments? (Medical Facility): \_\_\_\_\_

Are you receiving any other assistance? (Please circle): Yes No

If yes, from what organization? \_\_\_\_\_

Does client have? (Please circle): Medicare Medicaid SSI/SSDI Disability Pension

Unemployment Income Veteran Employer Insurance None Other \_\_\_\_\_

Is there any other authorized person that we may contact regarding your care? If so, list below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize Danville-Pittsylvania Cancer Association, Inc. its employees and/or volunteers to contact my physicians, medical facilities, and pharmacies to confirm my cancer related needs. I certify that all of my information is true and complete to the best of my knowledge. I understand that DPC may revoke my services at any time. I will notify DPC if any of my information changes. Any act of fraud will result in immediate suspension of services and may result in civil action or criminal prosecution. This release is in accordance with any and all healthcare laws.

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

DPC Rep. \_\_\_\_\_ Date Received \_\_\_\_\_



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***Statistical Questionnaire***  
*(used for grant purposes only)*

**Total amount of annual household income:** \_\_\_\_\_ \$ \_\_\_\_\_

**Ethnicity (please circle):**    White                      African American                      Hispanic/Latino

Native American/American Indian

Asian/Pacific Islander

Other \_\_\_\_\_

**Gender (please circle):**    Male                      Female

**Number of people in household (including dependents):** \_\_\_\_\_