



RETREAT INTAKE / SURVEY

DATE OF RETREAT: _____

Patient Section

Name: _____ Intake Date: _____

Address: _____

Phone #: _____ Cell: _____ Email: _____

Type of Cancer: _____ Remission: _____

Doctor: _____ Ongoing Treatment: _____

Family/ Caregiver Section

Support Person Name: _____

Address: _____

Phone #: _____ Cell: _____ Email: _____

1. First or Second session? _____

2. What kind of issues are you experiencing? _____

What treatments would you like? _____

3. Please rate your interaction between you and your provider or therapist from 1 to 10, with 1 being lowest rating.

1 2 3 4 5 6 7 8 9 10

Your comments: _____

4. Was the mission of Cancer Concierge Network clearly explained during the "Victory" wellness retreat: _____

a. What do you think about the mission of CCN _____

Please feel free to give suggestion as to how we can improve all aspects of the "Victory" Wellness retreat _____

5. Did the speaker's presentation during the ½ hr class session give you adequate information regarding his specialty? _____

6. What suggestions would you give to improve future speaker's presentation? _____

7. What did you like about the presentation? _____

What did you not like about the presentation? _____