

Mentor/Mentee

To Life! Mentoring Information Form

Date _____

Please answer only those sections with which you are comfortable. If you don't know an answer, leave it blank. This information will be used only to match mentors and mentees.

Last Name _____ First Name _____ E-Mail _____

Address _____ Zip _____ Phone(s) _____

DOB _____ Relationship Status _____ # of Children _____ Age(s) of Children _____

Date of Diagnosis _____ (year only is acceptable) Age at diagnosis _____

Type of breast cancer _____

Stage/Grade of Cancer _____ ER +/- PR +/- HER-2 +/- (circle positive or negative)

Biopsy Technique (Needle or surgical procedure, lumpectomy) _____

Metastatic? Y/N If yes, location of mets _____ Nodal Involvement? Y/N If yes, number of nodes _____

Type of Surgery (Mastectomy, Lumpectomy, Prophylactic) _____

Reconstruction? Y/N If yes, type _____ Implant Type _____

Chemotherapy? Y/N If so, what drugs _____ Radiation Treatment? Y/N

Used/using these drugs?(circle any) Herceptin (chemotherapy), Tamoxifen, Arimidex, or Femara? (estrogen blockers)

Complementary therapy? Y/N Circle or add type: yoga, meditation, herbal, acupuncture _____

Recurrence? Y/N If yes, when? _____ How was the recurrence treated? _____

Would you like to be added to our mailing list? Y/N Already on.

Please sign:

I give permission for this information to be shared with an individual associated with To Life! who has been deemed to be an appropriate match with me in a mentoring relationship.

Signed _____ Date _____

For office use only.

Date received _____ Name of mentor/mentee _____

Date mentor OK'd _____ Date mentee OK'd _____

Date(s) of follow-up _____