



CREATIVE HEALING RETREAT FOR BREAST CANCER SURVIVORS
5 p.m. Friday, April 16 –noon on Sunday, April 18, 2010
at the Inn at Morro Bay

COST: \$150.00 (*scholarships available upon request*). *This retreat fee includes dinner on Friday and Saturday evenings, full buffet breakfast on Saturday and Sunday mornings, luncheon at the Bayside Café in the State Park on Saturday afternoon, a hand-made gift bag with special related items valued at more than \$100, all workshops and supplies, and a shared room at the Inn at Morro Bay on Friday and Saturday nights. (Single rooms are available upon request for an extra \$50 fee.)*

APPLICATION: DATE _____

The purpose of this retreat is to help survivors improve their quality of life by learning techniques to reduce stress, fear and anxiety through art, music, writing, yoga and education. If you feel you would benefit from this experience, please complete the application below. (NOTE: This retreat will be limited to 20 attendees. We will try to create a balanced group including those who are recently diagnosed and going through treatment as well as those who have survived for many years.) You can email the completed application back to info@enhancementinc.com; or fax it to our office at (805) 772-4717; or mail it to us at Enhancement, Inc., P.O. Box 867, Morro Bay, CA 93443-0867. For questions or further information, visit our website at www.enhancementinc.org or call our office at (805) 771-8640. When you have been accepted, we will send you more details about the retreat and further information about payment options.

Personal Information:

Name: _____ Date of Birth: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

How would you describe your race/ethnic/cultural background? _____

What is the highest level of education you achieved? (circle one)

High school Community college Bachelors degree Masters degree Doctorate

Where did you grow up (state, country)? _____

How many people are in your household? _____ List ages of children under 18 _____

Please describe any unusual circumstances, or financial burdens you have: _____

Will you need assistance in paying for this weekend retreat? ____ Yes ____ No

If YES, please explain how much you think you will be able to afford and why: _____

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Breast Cancer Background Information:

Age at first diagnosis: _____ Number of recurrences (if any): _____

Did you have surgery? ____ Type: ____ lumpectomy – date: _____
____ mastectomy – date: _____
____ bilateral mastectomy – date: _____

If you had a mastectomy: Did you have reconstructive surgery? ____ Yes ____ No
If NO, are you planning on having reconstruction? ____ Yes ____ No
Do you wear a prosthesis? ____ Yes ____ No

Did you have chemotherapy? ____ Yes ____ No
If YES, how long and when was it finished? _____

Radiation therapy? ____ Yes ____ No
If YES, how long and when was it finished? _____

Are you currently undergoing chemotherapy? ____ Yes ____ No Radiation therapy? ____ Yes ____ No

Has anyone else in your immediate family had breast cancer? ____ Yes ____ No
If YES, list their family relationship and status at this time: _____

Do you know what lymphedema is? ____ Yes ____ No

Do you have lymphedema? ____ Yes ____ No
If YES, do you wear a compression sleeve? ____ Yes ____ No

Retreat Information:

Will you be willing to attend (at least 3) monthly follow-up Tuesday evening sessions following the retreat?
(They will be held from 7:00 - 9:00 p.m. at the Hearst Cancer Resource Center in SLO.) ____ Yes ____ No
If NO, Explain _____

Will you have any problems sharing a room? ____ Yes ____ No
(Single rooms are available upon request for an extra \$50 fee.)
If YES, Explain _____

What do you hope to gain from attending this retreat? _____

What worries you about attending this retreat? _____

What aspect of your cancer “journey” is encouraging you to apply to attend this retreat? _____

How did you hear about this retreat? _____
