



WCR-B Intake Form

Name:

Date of birth:

Address:

Email address:

Home Phone:

Cell Phone:

Work Phone:

please check your preferred phone number

Occupation:

Emergency Contact Name and phone number

Physician: Phone Number:

Physician Address and Email Address:

How did you hear of WeCanRow-Boston?

Why are you interested in this group?

Previous rowing experience (Where, Port or Starboard)?

Do you have any special health needs?

Is there anything that you would like us to know about you?

Signature:

Date:

***Breast Cancer Treatment Information:**

Please describe your treatment, the date you ended chemotherapy and/or radiation as well as any difficulties or concerns related to your treatment:

*You must provide written permission from your healthcare provider to participate in this rowing program.

All members are strongly urged to have their tetanus shot up to date.

General Health: Please describe any additional health concerns for which you are currently being treated or other significant health issues.