Group Loop Online Support Group
Diagnosis Confirmation Form

We recognize that those receiving much-needed support via the Internet want to be confident that everyone in the Online Support Group (OSG) has cancer. Therefore, in order to start your OSG, we require that you sign this "Diagnosis Confirmation Form" indicating that you have cancer and giving TWC- National permission to contact your physician or oncologist. This step provides the added security and reassurance you may need. In completing the form, be sure to include the name and contact information of your physician.

Patient Information

Patient Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Social Security #: _____ Date of Birth: _____
(Optional)

In connection with the _Group Loop_ Online Support Group in which I am participating, I understand that this group is intended only for the benefit of people with cancer. I hereby authorize The Wellness Community to contact my physician to confirm my diagnosis. I further understand that The Wellness Community may contact my physician on occasion concerning my diagnosis and participation in Wellness Community programs. _Group Loop_ Online Support Groups are educational and informational support programs.

X _____
Patient Signature Date

Physician Information

Physician Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-mail: _____

I, _____, verify that _____ has a cancer diagnosis of
(Physician Name) (Patient Name)
_____, and that this patient is currently under my medical care.
(Cancer Type)

X _____
Physician Signature Date

Submit form by mail to The Wellness Community/Group Loop,
Attn: Erika Maslan, 3276 McNutt Avenue, Walnut Creek, CA 94596
or fax to: 925-933-0249