



WeCanRow-Boston New Member Intake
wecanrowboston@yahoo.com
PO Box 750036 Arlington, MA 02475
www.wecanrowboston.org

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Physician: _____ **Physician Address:** _____

Phone Number: _____ **Health /Accident Insurance** _____

Policy #: _____

***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.**

General Health: Please circle if you have had any of the following:

- | | | | |
|-------------------------|-------------------------|-----------------------|------------------------------|
| 1. Perforated ear drum | 11. Heart surgery | 21. Peptic Ulcer | 32. Neck injuries |
| 2. Ear surgery | 12. Pneumonia | 22. Internal injuries | 33. Diabetes |
| 3. Mastoid surgery | 13. Tuberculosis | 23. Appendectomy | 34. Reaction to insect bites |
| 4. Hearing loss | 14. Asthma | 24. Wrist injuries | 35. Other: Please explain: |
| 5. Frequent sore throat | 15. Chest Pain | 25. Elbow injuries | |
| 6. Convulsions | 16. Shortness of breath | 26. Kidney trouble | |
| 7. Rheumatic fever | 17. Punctured lung | 27. Back problems | |
| 8. Heart disease | 18. Lung disease | 28. Head injuries | |
| 9. Heart murmur | 19. Hepatitis | 29. Knee problems | |
| 10. High blood pressure | 20. Infectious Mono | 31. Ankle problems | |

Date of last tetanus shot: _____ **Do you wear contact lenses?** _____

Signature: _____ **Date:** _____

WeCanRow-Boston Questionnaire:

Name: _____

- ❖ How did you hear of WeCanRow-Boston?

- ❖ Why are you interested in this group?

- ❖ Previous rowing experience?

- ❖ Occupation:

- ❖ Do you have any special needs?

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

- ❖ Would you be willing to share your story in our program materials? Yes No

- ❖ Do you give WeCanRow-Boston permission to use your picture for informational purposes related to this program? Yes No

Signature: _____

Date: _____

SEND TO: WECANROW-BOSTON, PO BOX 750036, ARLINGTON, MA 02475 OR
EMAIL: WECANROWBOSTON@YAHOO.COM