

## I WANT YOU TO KNOW...

My legal name is:					Please	call me:					
My pronouns are:						(ex. she/h	er, th	ey/them,	he/hin	n)	
I identify as a person who is:		, , , ,		,				&			
		race/et				exual orien	itatior	1		gender identity	
I am most comfortable using this language or languages:											
I believe in:	eve in:				religion/faith						
These are the people I want involved in my care (check all that apply):											
Spouse/Parti	ner	Child		Friend	d Anyone else?						
Parent		Sibling		Relative		No one					
I would like them to be able to (check all that apply):											
Come to app	Come to appointments			Ask for information, materials, and resources							
Come into the	Come into the exam room			Discuss treatments							
Stay in the w	Stay in the waiting room			Help make financial decisions							
Help make d	Help make decisions			Anything	Anything else?						
Ask questions											







Over the past three (3) months, I have been worried about:















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	Transportation		School			
	Childcare		Personal safety			
	Housing		Insurance			
	Money		Spiritual concerns			
	Food		Anything else?			
	Job or work					
Anything else you should know about me:						

## For more information, visit **gwcancercenter.com**