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| **NOTE: The recruiter will give the compañera the client’s contact information. Then the compañera will call the client to Schedule the first session.** | | | |
| **Client Information:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Alternate contact #1**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Alternate contact #2**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Compañera: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Contacts:** | | | |
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| Week #1  Appointment | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Week 1.**  **Session**  **Managing impact of cancer** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours | | |
| Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours | | |
| Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | |  |  |
|  | | | |  |  |
| 1. Did the client remember some common reactions to a breast cancer diagnosis? | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Could the client describe the benefits of deep breathing? | | | | ⬜ Yes | ⬜ No |
| Session #2  Appointment | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 2.**  **Session Breast cancer** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Thermometer to measure anxiety? | | | | | ⬜ Yes | ⬜ No |
| Practice deep breathing? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client describe what breast cancer is? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Was the client able to identify questions to ask her doctors about her breast cancer? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Was the client able to correctly describe how to use a survivorship care plan? | | | | | ⬜ Yes | ⬜ No |
| Session #3  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 3.**  **Session Finding information on cancer** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | |  |  |
|  | | | |  |  |
| 1. Did the client do the weekly goal ... | | | |  |  |
| Thermometer to measure anxiety? | | | | ⬜ Yes | ⬜ No |
| Practice deep breathing? | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Was the client able to describe how she would ask her doctor questions about her cancer? | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Was the client able to describe correctly how to use the Cancer Information Service (CIS)? | | | | ⬜ Yes | ⬜ No |
| Session #4  Appointment | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 4.**  **Session**  **Finding support** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Thermometer to measure anxiety? | | | | | ⬜ Yes | ⬜ No |
| Practice deep breathing? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Was the client able to describe some ways on how she can help her family cope with her cancer?   **If NO, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Was the client able to describe some useful skills to express her feelings to other people? | | | | | ⬜ Yes | ⬜ No |
| Session #5  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 5.**  **Sesion**  **Thoughts p.1** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Thermometer to measure anxiety? | | | | | ⬜ Yes | ⬜ No |
| Practice deep breathing? | | | | | ⬜ Yes | ⬜ No |
| Talk with the person she had difficulty expressing herself with? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client remember what unhelpful/negative thoughts are? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client remember what helpful/positive thoughts are? | | | | | ⬜ Yes | ⬜ No |
| Session #6  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 6.**  **Session**  **Thoughts p.2** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Was the client able to add or use "Yes, but" to unhelpful/negative thoughts?  **If NO, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
| 1. Could the client remember what unhelpful/negative thoughts are? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client remember what helpful/positive thoughts are? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Was the client able to describe some skills she used during the past week to change unhelpful/negative thoughts to helpful/positive thoughts?   **If NO, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
| Session #7  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 7.**  **Session**  **Managing stress** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Was the client able to think of her own coping statements?  **If NO, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client identify some of the new relaxation techniques?   **If NO, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
| Session #8  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 8.**  **Session**  **Goals to feel better** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time:  \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Practice one of the new relaxation techniques? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client identify at least two activities that can help her feel better? | | | | | ⬜ Yes | ⬜ No |
| 1. Was the client able to identify clear and achievable goals to do the activities that can help her feel better? | | | | | ⬜ Yes | ⬜ No |
| Session #9  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 9.**  **Session**  **Goal for healthy living** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time:  \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | | |  |  |
|  | | | | |  |  |
| 1. Did the client do the weekly goal ... | | | | |  |  |
| Was the client able to identify clear and achievable goals to feel better? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client identify some ways to live a healthier life? | | | | | ⬜ Yes | ⬜ No |
|  | | | | |  |  |
| 1. Could the client describe some benefits of walking or exercise? | | | | | ⬜ Yes | ⬜ No |
| Session #10  Appointment | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Week 10.**  **Session Goal for the future** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Session end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm | Total session time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hours  Total travel time:  \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hours  Total miles: \_\_\_\_\_\_\_miles | | |
| **Answer the following questions** | | | |  |  |
|  | | | |  |  |
| 1. Did the client do the weekly goal ... | | | |  |  |
| Was the client able to identify clear and achievable goals to be more active? | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Did the client have any problems doing the weekly goal?   **If YES, describe here**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ⬜ Yes | ⬜ No |
|  | | | |  |  |
| 1. Could the client identify at least two activities that can help her feel better? | | | | ⬜ Yes | ⬜ No |
| 1. Was the client able to identify clear and achievable goals to take care of herself? | | | | ⬜ Yes | ⬜ No |
| As soon as the client finishes the Nuevo Amanecer program send these forms to Jasmine. | | | | | |