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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 #1Appointment | 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hoursTotal 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 #6Appointment | 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hoursTotal 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 #7Appointment | 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hoursTotal 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/hoursTotal travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes/hoursTotal 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. |