



Life Raft Group Membership Application

All information provided will be kept strictly confidential and is for the Life Raft Group only. We are committed to protecting the privacy of our members. Any data or information that we share in any way is always cleansed of identifying information in to protect confidentiality.

Please fill out this form to the best of your knowledge and circle the appropriate options.

You may mail or fax this form to our office at:

The Life Raft Group
155 US Highway 46, Ste. 202
Wayne, NJ 07470
Fax to: (973) 837-9095
E-mail to: liferaft@liferaftgroup.org

***If you have any immediate needs or questions please call us at
973-837-9092 (9a.m.-5p.m. EST)**

General Information

Name: _____

Patient's Name (if different): _____

Relationship to patient: _____

Home Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Back-up Email: _____

How did you find us?: (Circle one) LRG Member Internet Doctor

Other: _____

Diagnosis

All GIST diagnoses must be confirmed by a CKit (or CD117) test. These results can be found on your pathology report. If you do not have them, please request a copy of your pathology report and send the results as soon as possible.

Test Date: _____

CKit Results: _____

Date first tumor was found: _____

Initial Diagnosis: (Circle one) GIST Other: (If other please describe in comments)

Initial Diagnosis Comments:

Primary Tumor Location & Treatment:

Please indicate dates, site and treatments for any recurrences:

Other Medical Remarks:

Please provide your doctors information. We will add them to our newsletter mailing list and send them educational materials if they are not already in the LRG network.

Doctor: _____

Facility: _____

Mailing Address: _____

City, State, Country: _____

Phone: _____ **Email:** _____

Please tell us something about yourself professionally and/or personally:

Remarks: _____
