



NEW PLYMOUTH REGISTRATION

Referrals to Look Good Feel Better workshops are accepted from **Health Professionals only** for women receiving **any** cancer treatment (chemotherapy, radiotherapy, surgery, etc), who have not attended a workshop in the previous twelve months.

HEALTH PROFESSIONALS ARE REQUIRED TO COMPLETE THIS SECTION FOR WOMEN WHO MEET THE ABOVE CRITERIA. Please fill in the following information:

Name: _____ Professional Role: _____ Phone _____

LADIES please provide the following information: Today's Date: _____

Name: (Please print clearly) _____

Address: _____

Telephone: (Business) _____ (Home) _____ Age: _____

Email Address: _____

Look Good Feel Better is a Programme designed to give you confidence and boost your self esteem. To assist us in providing the best product to suit you, **please complete all categories:**

Ethnic Group: European Pacific Island Maori Asian other _____

Eyes: Grey Black Blue
Dark Brown Green/Hazel Amber/Brown

Skin tone: Very Fair/Pink Fair Medium Dark
Sallow/Golden Olive Dark/Mocha

Skin type: Dry Normal Combination

Eyebrow Colour: Blonde/Ash Light Brown Medium Brown
Dark Brown Grey Black

Hair Colour: _____

Colour preferences: Eye shadow: _____ Lipstick: _____

Hair Loss	None	Slight	Noticeable	All
Eyebrows thinning	None	Slight	Noticeable	All
Eyelashes thinning	None	Slight	Noticeable	All

When did you start your treatment? _____ Finish your treatment? _____

What treatment are you receiving? Chemotherapy Radiotherapy Surgery

Other – Specify _____

Special Requirement: Wheelchair _____

Please tick the box if you wish to be contacted by Look Good Feel Better in the future

Have you ever attended a LGFB Workshop? _____ If Yes, When _____

Where did you hear about us? Doctors Hospital/Oncology Magazine
Cancer Society Other (specify) _____

When this form has been completed, please **FAX** to 06 757 8795. We will contact you as soon as possible with a workshop date.