



Existing Client Request Form:

Client's Date of Birth:

Client's Full Name:

Client's Preferred Name:

Client's Phone Number:

How Can We help?

- | | |
|---|---|
| <input type="checkbox"/> Add to Mail/Email List | <input type="checkbox"/> Protein Shake: Unflavored (1.65 lbs) Box |
| <input type="checkbox"/> Adult with Cancer Comfort Care Kit | <input type="checkbox"/> Protein Shake: Unflavored Sample |
| <input type="checkbox"/> Gas Card | <input type="checkbox"/> Protein Shake: Berry (1.65 lbs) Box |
| <input type="checkbox"/> Head Covering | <input type="checkbox"/> Quilt/Blanket |
| <input type="checkbox"/> Mindfulness-Based Stress Reduction Classes | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Port Pillow | <input type="checkbox"/> Wig |
| <input type="checkbox"/> Protein Shake: Chocolate (1.65 lbs) Box | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Protein Shake: Chocolate Sample | <input type="checkbox"/> Other |
| <input type="checkbox"/> Protein Shake: Vanilla (1.65 lbs) Box | |
| <input type="checkbox"/> Protein Shake: Vanilla Sample | |

By signing below, you provide consent for Wellness Place to reach out to the client and/or their care team to verify information and requests. If you are not the client, your signature confirms that the client consents to you submitting this information and signing on their behalf. If any of the information above seems unclear, please contact the Wellness Place before signing.

Signature
