

Today's Date: ___/___/___

CHECK ONE:

I have a serious or chronic physical illness

OR

I am a supporter of a family member or loved one with a serious or chronic physical illness

Their name _____ Relationship _____

Your Name: Last _____ First _____ MI _____

Birth date ___/___/___ Age: _____

Gender: Female Male Prefer to self-describe _____

Name of Spouse/Partner: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____

Phones: Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Emergency Phone: _____

Your race: African American Asian Caucasian/white Hispanic/Latino Native American Other _____

Your marital status: Single/Never Married Married Partnered Divorced Widowed

Do you have health insurance? Yes No Medicare Medicaid

Your employment status: Part-time Full-time Retired Homemaker Disability Unemployed

Your profession: _____

Highest level of education you have completed: Did not attend school 8th grade High school Some college Graduated from college Some graduate school Completed graduate school

Income level: \$0-20,000 \$20,000-40,000 \$40,000-60,000 \$60,000-80,000 \$80,000-100,000 \$100,000+

How many household members are supported by the above income? _____

What hospital(s) or treatment center(s) do YOU visit? (please check all that apply)

- Advent Health Shawnee Mission Centerpoint Medical Center Children's Mercy Kansas City VA Medical Center KU Cancer Center (any location) KC Care Health Center KU Health System/Medical Center Lee's Summit Medical Center Liberty Hospital Menorah Medical Center North Kansas City Hospital Olathe Medical Center Overland Park Regional Providence Medical Center Research Medical Center St. Joseph Medical Center St. Luke's Health System Truman Medical Center Other _____

How did you hear about Turning Point?

- Family Member Friend Doctor's office Hospital/Treatment Center Health Fair Church Library School Internet Support Group Mailing Other _____

PLEASE CONTINUE ON OTHER SIDE ->

PLEASE INDICATE YOUR DIAGNOSIS BELOW.

If you are a supporter please indicate the diagnosis of the person you are supporting.

Check all that apply (be sure to indicate the "Date of diagnosis"):

Cancer **Date of diagnosis** _____ **Has your Cancer metastasized?** ___Yes ___No

<input type="checkbox"/> Brain	<input type="checkbox"/> Breast	<input type="checkbox"/> Cervical	<input type="checkbox"/> Colo-Rectal	<input type="checkbox"/> Esophageal/Gastric
<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Kidney	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Liver	<input type="checkbox"/> Lung & Bronchus
<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Multiple Myeloma	<input type="checkbox"/> Ovarian	<input type="checkbox"/> Pancreatic
<input type="checkbox"/> Prostate	<input type="checkbox"/> Uterine	<input type="checkbox"/> Urinary/Bladder	<input type="checkbox"/> Other: _____	

Autoimmune Disease **Date of diagnosis** _____

<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Lupus	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Celiac Disease
<input type="checkbox"/> Other: _____				

Respiratory **Date of diagnosis** _____

<input type="checkbox"/> COP	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Acute Asthma Attacks
<input type="checkbox"/> Other _____		

Heart Disease/Stroke/Circulatory **Date of diagnosis** _____

<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Stroke/CVA	<input type="checkbox"/> Myocardial Infarction
<input type="checkbox"/> Treated High Blood Pressure <input type="checkbox"/> Other _____		

Neurological **Date of diagnosis** _____

<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Essential Tremor	<input type="checkbox"/> ALS
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Trigeminal Neuralgia	<input type="checkbox"/> Alzheimer's Disease/Dementia	<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Diagnosed & Treated Migraine Headaches <input type="checkbox"/> Other: _____			

Gastrointestinal **Date of diagnosis** _____

<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Inflammatory Bowel Disease	<input type="checkbox"/> Irritable Bowel Syndrome
<input type="checkbox"/> Other _____		

Endocrinology **Date of diagnosis** _____

<input type="checkbox"/> Diabetes Type I	<input type="checkbox"/> Diabetes Type II	<input type="checkbox"/> Thyroid disorder
<input type="checkbox"/> Other _____		

Eye Disorders: **Date of diagnosis** _____

<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Other: _____
-----------------------------------	---	---------------------------------------

Immune Deficiency Disease **Date of diagnosis** _____

<input type="checkbox"/> HIV	<input type="checkbox"/> AIDS	<input type="checkbox"/> Other _____
------------------------------	-------------------------------	--------------------------------------

Kidney Disease **Date of diagnosis** _____

<input type="checkbox"/> Polycystic Kidney Disease	<input type="checkbox"/> Dialysis Treatment
<input type="checkbox"/> Other: _____	

Liver Disease **Date of diagnosis** _____

<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Other _____
--------------------------------------	--------------------------------------

General Muscular/Skeletal **Date of diagnosis** _____

<input type="checkbox"/> Treated Osteoporosis	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Other _____
---	---------------------------------------	--------------------------------------

Turning Point: The Center for Hope and Healing

Last Name: _____ First _____ MI _____

Today's Date: ___/___/___ Male Female Date of Birth: ___/___/___

Phone number: _____ ZIP Code: _____

Email _____

In the past 7 days...	Never	Rarely	Sometimes	Often	Always
I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to focus on anything other than my anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worries overwhelmed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like I needed help for my anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 days...	Never	Rarely	Sometimes	Often	Always
I felt worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I had nothing to look forward to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that nothing could cheer me up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TURNING POINT

 THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Mission Statement


Turning Point empowers and transforms the body, mind and spirit of individuals who are living with a serious or chronic physical illness and their family and friends. We provide innovative, educational services and tools to inspire people to take charge of their illness and live their life to its fullest.

We enhance the well-being of individuals, families and the communities we serve through resilience education and prevention resources.

Registration & Attendance

Pre-registration is necessary and required.

Unless otherwise stated, please call 913-574-0900 to register for a program.

- Register early, some classes are limited in size.
- Please keep your commitments to attend a class when you are registered so that we do not commit a facilitator for an empty class. Some of our programs have waiting lists, so if you can't attend, please call us so that we can give your spot to another person. 
- Please be on time. It is recommended that you arrive 10 minutes before the scheduled time, especially for exercise programs.
- We reserve the right to cancel a class due to low enrollment.

Personal Property

Please respect Turning Point property and the privacy of our staff. Feel free to help yourself to a cup of coffee or tea. Items in our kitchen cabinets and in the refrigerator however, are not for general use.

Please alert us to any spills so that we can clean them promptly. Private staff offices and computers are for staff use only.

Statement of Non-Discrimination

Turning Point programs and services are provided to individuals living with cancer and other serious or chronic physical illness and their family members and friends without regard to gender, age, religion, race, ethnicity, economic status or sexual orientation.

Illness

When you are ill with cold or flu, strep throat, contagious seasonal illness etc. - we request that



you stay home. Many of our participants have compromised health issues and it could be very detrimental if they contracted a cold or the flu. We realize this

may mean you might miss one or two of the sessions which are so important to you. However, we strongly encourage people with a contagious illness to stay home, take care, get well and then return to us when you are feeling better.

Confidentiality

We maintain confidentiality at all times in all areas having to do with groups and our participants. "What is said here – stays here." Who attends the group is also confidential. You are certainly free to share with others the concepts, feelings, issues and skills that are discussed and learned in the group but no information that could be used to identify group members is to be shared outside of the group. (names, professions, diagnoses, etc. – anything that could potentially disclose the group member's identity, unless you have specific permission from that person to do so).

Perfume/Smoking



Many participants at Turning Point have sensitivities to odors, due to their treatments or medications.

We ask that you not wear perfume or perfumed lotions and that you not smoke just prior to classes. Your cooperation is much appreciated as it greatly affects the well being of our participants.

Weather Policy

Please note that when Shawnee Mission School District USD 512 is closed due to inclement weather – Turning Point programs are cancelled.

Privacy

Protecting your privacy is important to us. We do not sell or share our mailing list to other parties. We strive to maintain complete and accurate information. If you move or change your phone number or e-mail, please let us know. If you would like to be removed from our mailing list, or e-mail contact list, call us at 913-574-0900 or e-mail turningpoint@kumc.edu.

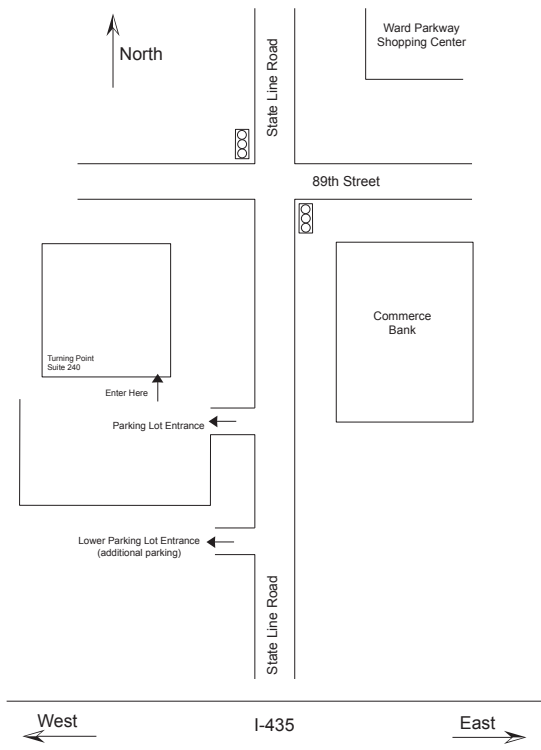
Directions & Parking

Turning Point is located in an office building on the southwest corner of 89th and State Line Road.

The sign out front says 8900 Offices.

The entrance to the parking lot is south of 89th Street. Enter through the door on the southeast corner of the building (you will enter on the second floor) turn left and go to Suite 240.

Additional parking is available in the lower lot farther south on State Line. On the lower level enter through the sliding glass doors and take the stairs or the elevator to the second floor. Handicapped parking is available in both lots.



Contact Information

Turning Point: The Center for Hope and Healing
8900 State Line Rd., Suite 240
Leawood, KS 66206
913-574-0900 phone • 913-574-0901 fax
www.turningpointkc.org

Donations: Ways to say Thanks

Turning Point programs are presented by the best facilitators in the region and we typically pay them to share their expertise with you.

We are supported entirely by donations.

Please consider making a contribution to Turning Point and encourage others to do the same.

Your gift is fully tax-deductible and will help us maintain our high level of programs and service to people facing the challenges posed by serious or chronic physical illness.

If you have questions about making a donation, please call or e-mail Jeanne Hansey at 913-588-2800 or jbrown1@kumc.edu.

Office Hours & Holidays

Turning Point office hours are generally:

Monday - Thursday 8:30 am - 5:00 pm

8:30 am - 12:00 noon on Fridays.

Observed Holidays include:

New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, Christmas Day.

Programs are not held between Christmas and New Year's Day.

Turning Point Staff

Moira Mulhern, Ph.D., Co-founder/Executive Director
mmulhern2@kumc.edu

Lizzie Wright, Adult Program Director
elinderer@kumc.edu

Annie Seal, MS, CCLS, Children's Program Director
aseal@kumc.edu

Jill VonFange, Program Manager
jvonfange@kumc.edu

Brenda (Boda) Klenke, Program Specialist
bklenke@kumc.edu

Nicole Hobbs, Administration Assistant/Office Manager
nhobbs2@kumc.edu

Abigail Barry, Office Specialist
abarry3@kumc.edu

Jeanne Hansey, Associate Development Director
jbrown1@kumc.edu