

# DISCOVERY EVENT FOLLOW UP

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

UAB Department/Other Community Connection: \_\_\_\_\_

What's My Connection to the Above: \_\_\_\_\_

My Congregation (if any): \_\_\_\_\_

\_\_\_\_\_ I would like to be on a Support Team and do what I can when I can.

\_\_\_\_\_ I would like to help start a Support Team for a UAB patient.

\_\_\_\_\_ I know someone who would benefit from a Support Team.

Comments \_\_\_\_\_

How did you hear about the UAB Support Team Network?

Flyer \_\_\_ UAB Website \_\_\_ UAB Publication \_\_\_ Physician \_\_\_

Other Medical Professional \_\_\_ Friend/Relative \_\_\_ Other \_\_\_\_\_