

Referral Form

If you know a man between the ages of 22 and 65 who has been diagnosed with cancer and is currently receiving treatments and who may be eligible for support from Thongs for Him, please supply the following information and send via email or US mail to:

Thongs For Him  
809 Wheeler St, Suite 110-353  
Ames, IA 50010  
[info@thongsforhim.org](mailto:info@thongsforhim.org)

What is your relationship to the candidate? Check all that apply:

- medical provider
- family member
- friend
- self

How can we contact you?

Your name \_\_\_\_\_  
address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

\_\_\_\_\_

Candidate's Name \_\_\_\_\_

Age \_\_\_\_\_ Form of Cancer \_\_\_\_\_

Please check all of the following that apply:

- Recently Diagnosed
- Receiving Cancer Treatment
- Receiving follow up care for treatment received within the past year

How can we contact the candidate? Please provide at least one:

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_