



CROHN'S & COLITIS FOUNDATION OF AMERICA

NORTHERN CALIFORNIA CHAPTER

JOIN OUR "BUDDY" CONNECTION PROGRAM!

Yes, I am interested in being matched up with another patient or family member as part of the "Buddy" Connection Program from the Northern California Chapter of CCFA.

DATE _____ NAME _____

ADDRESS _____ CITY, ZIP _____

PHONE (DAY) _____ PHONE (EVE) _____

EMAIL _____ AGE _____ GENDER _____

I have: Crohn's disease ulcerative colitis

Disease severity: mild moderate severe remission

Length of time with the disease: _____ years _____ months

Have you had surgery? Yes No If yes, which type? _____

Are you considering surgery? Yes No

Languages spoken (other than English): _____

Please check ONE of the following two options:

I am interested in being a PAL (Peer Attentive Listener) to someone else when s/he is experiencing a difficult time.

OR

I am interested in receiving support to help me through a difficult time.

I am also interested in providing support to someone with IBD during a stay at the hospital.

I am a friend/family member of a patient who is interested in meeting other friends/family members of people living with IBD.

Please return this form to:
CCFA, Northern California Chapter
Buddy Connection Program
5 Third Street, Suite 625
San Francisco, CA 94103

ncal@ccfa.org

Fax: 415-356-0880