



# Coloplast® Care Program

## Patient Enrollment Form

Enroll your patient in the program in one of the following ways:

Fax: 1-800-501-8533

Email: care-us@coloplast.com

Website: www.coloplastcareenroll.com

Call: 1-877-858-2656

✉ Click here to email this form



### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email†: \_\_\_\_\_ Phone: \_\_\_\_\_

† By providing an email address the patient consents to the receipt of personalized support through Coloplast Care Online.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language: English Spanish Other: \_\_\_\_\_

Date of Surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Surgery: Colostomy Ileostomy Urostomy Stoma size: \_\_\_\_\_ inches/mm

Primary Insurance Provider: \_\_\_\_\_ Preferred Supplier (optional): \_\_\_\_\_

Secondary Insurance Provider: \_\_\_\_\_

### Sample Request

Either enter Coloplast product numbers: \_\_\_\_\_

Or check product options below

<b>Brand Preference</b>	<b>Convexity</b>	<b>Pouch Closure</b>	<b>Accessories</b>
SenSura® Mio	Soft Convex	Closed	Belt XL Belt
SenSura®	Convex Light	Drainable	Elastic Barrier Strip
Assura®	Deep Convex	Urostomy	Y-shape
			Curved
<b>System</b>	<b>Cut Style</b>	<b>Pouch Color</b>	Straight
One-Piece	Cut-to-fit	Opaque	Lubricating Deodorant
Two-Piece Flex	Pre-cut	Transparent	Protective Seal
Two-Piece Click			Paste
		<b>Filter</b>	Strip Paste
<b>Barrier Type</b>		Yes	Powder
Extended Wear		No	Prep
Standard Wear			

### Product Worn at Discharge

What product was worn at the time of patient discharge?

Coloplast	Hollister
ConvaTec	Other _____

### Special Instructions

Clinician Name†: \_\_\_\_\_ Facility Name: \_\_\_\_\_

\*Patient/\*\*Legal Guardian Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

†If this form has been completed by a healthcare professional, the healthcare professional acknowledges that he/she has read the Coloplast® Care Program Description and Terms of Enrollment to the patient and the patient consented. \*By signing, I agree to enroll in the Coloplast® Care program. I have read and understand and consent to the privacy statement.

\*\*Legal Guardian must sign if patient is under the age of 18.

**Coloplast® Care Program Description and Terms of Enrollment:** Coloplast® Care is an ostomy patient support program designed to provide support for ostomy patients in two distinct phases. Phase I relates to individualized engagement support, initiated typically within the first three months following ostomy surgery. In Phase II enrollees are provided with on-going online and email support for living well in the community — for as long as enrollee desires to receive educational information from Coloplast. Coloplast® Care Phase I incorporates active engagement with a dedicated Coloplast® Care Advisor, including direct phone support with information and guidance about ostomy care, proper use of Coloplast ostomy products, support locating a product supplier, as well as information regarding product reimbursement. Phase I of Coloplast® Care also includes: A welcome kit that includes a welcome letter, ostomy product samples 'Instructions for Use', a handy travel bag, accessory samples, a Living Well with an Ostomy DVD, a marking pen, medical scissors, a mirror, and a stoma measuring guide. Personalized emails with relevant information, articles, tips and advice, that address enrollee needs with inspirational stories, and answers to lifestyle-related questions. The transition into Phase II occurs when the enrollee becomes more independent and confident with his or her ostomy product and daily routines. Phase II is designed to provide on-going relevant information and support via email contact for each stage in the ostomy journey. Personalized emails contain Coloplast® Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest. By enrolling in Coloplast® Care, independently or through my healthcare provider, I agree that Coloplast may contact me by phone (including my cell phone if that is the number I provided), text message (sms), e-mail, hard copy letter, or other means of communication but only for the purposes referred to above. I also give Coloplast my permission to interact with the healthcare provider or product supplier in connection with the support I receive through Coloplast® Care. I understand that I can unsubscribe at any time if I do not want to receive communication from Coloplast related to my participation in the Coloplast® Care program any longer. I understand that to unsubscribe, I may call Coloplast at 1-888-726-7872 or I may unsubscribe at any time by clicking the unsubscribe link at the bottom of any email I receive through the Coloplast® Care program.