



## *Application for the I CAN Program*

A GROUP FOR PERSONS WITH LIFE-CHANGING ILLNESS  
Based on the Exceptional Cancer Patients (ECaP) Model of Psychosocial Coaching  
Adventist LaGrange Memorial Hospital, Inc.  
by agreement with Rev. C. Scot Giles, D.Min., LLC

Thank you for your interest in our I CAN program. We welcome you to apply for admission to the group. The I CAN program is a system helping techniques based on the Exceptional Cancer Patients (ECaP) model developed by Bernie Siegel, M.D. combined with the focused and controlled use of hypnotism. Our system of ECaP-oriented help is fully hospital approved and is the first of its kind in the nation. The program can help you control and improve your attitude as you cope with your illness. There may be other benefits as well. The group meets every week at LaGrange Memorial Hospital, 5101 South Willow Springs Road, in LaGrange, Illinois.

**Rev. C. Scot Giles, D.Min., LLC**

1211 Pershing Avenue  
Wheaton, Illinois 60189-6735

**T** (630) 668-1141

**F** 630-344-0949

[cgcsgiles@gmail.com](mailto:cgcsgiles@gmail.com)

[www.CSGiles.org](http://www.CSGiles.org)

Please complete this application, and mail it to:

***Dr. Giles/I CAN  
1211 Pershing Avenue  
Wheaton, Illinois 60189.***

Alternatively, you may complete and scan this document, and email a PDF to us at [cgcsgiles@gmail.com](mailto:cgcsgiles@gmail.com).

Your physician does not have to be on staff at LaGrange Memorial Hospital for you to participate in the I CAN program.

While it is not necessary, if possible please enclose a snapshot of digital photo of yourself that we can keep with this application. If you do not have a photo available, we will take one of you at your first session.

We look forward to getting to know you.

***Information Sheet  
I CAN (I Can Act Now)  
Adventist LaGrange Memorial Hospital, Inc./Rev. C. Scot Giles, D.Min., LLC  
1211 East Pershing Avenue  
Wheaton, Illinois 60187  
630-668-1141***

***Demographic Information***

Name: Sex: ( )M ( )F

Address:

Phone (home):

Email:

Marital Status:

Phone (work):

Occupation:

Education (highest degree or grade):

Birthdate (month, day and year):

Name of Spouse or Support Person:

Phone number of Spouse or Support Person:

List the names and ages of your children:

What is your diagnosis?

Who is your primary physician?

When was the diagnosis made?

How did you find out about our I CAN program?

***Personal Inventory***

What do you consider to be your greatest strength?

In your own words, describe your disease:

What "support systems" do you have in place (for example, is there someone such as a spouse, a church group, a circle of friends, or other group that is helping you in some way)?

What treatments are you receiving, or have you received, for your illness (include those which might be considered "alternative" or "adjunctive" treatments, such as vitamins, acupuncture or diet)?

Is there a history of the illness you have (or any similar illness) in your family? If so, what is that history?

What significant events occurred in your life one or two years before your diagnosis?

Do you wish to live to be a hundred years old?  Yes  No

If someone asked you to do something that you truly did not wish to do, what would your response be?  I would do the task  I would not do the task

Your application is now complete. Please send it to us as soon as possible.

1211 Pershing Avenue, Wheaton, Illinois, 60189-6735  
(voice mail) 630-668-1141, (fax) 630-447-0055  
(web) [www.CSGiles.org](http://www.CSGiles.org), (email) [cgcsgiles@gmail.com](mailto:cgcsgiles@gmail.com)