

Programas de cuidados de apoyo ofrecidos por los departamentos de cáncer y neurociencias de Stanford

Inscripción a las clases en línea

Paso uno:

- Visite la página web del programa de cuidados de apoyo de su interés.
 - Programas de cuidados de apoyo del departamento de cáncer:
<https://stanfordhealthcare.org/for-patients-visitors/cancer-supportive-care-program.html>
 - Programas de cuidados de apoyo del departamento de neurociencias:
<https://stanfordhealthcare.org/for-patients-visitors/neuroscience-supportive-care-program.html>

Paso dos:

- Haga clic en el calendario de clases (“Class Calendar”)

Cancer Supportive Care Program

ABOUT VIDEOS

Virtual offerings are now available. See categories below, call or email us for more information.

In-person Supportive Care Programs have been temporarily canceled until further notice.

[RESOURCES DURING COVID-19](#)

Support for Cancer Patients and Family

The Cancer Supportive Care Program is an integral part of the

CATALOG OF SERVICES

CLASS CALENDAR

LOCATIONS



Neuroscience Supportive Care Program

Virtual offerings are now available. See categories below, call or email us for more information.

In-person Supportive Care Programs have been temporarily canceled until further notice.

[RESOURCES DURING COVID-19](#)

CATALOG OF SERVICES

Support for Neuroscience Patients and Family

The Neuroscience Supportive Care Program provides a variety of FREE support groups, classes, workshops, personal one-on-one consultations and services that are open to all patients and families in the community regardless of where you receive care. All classes are tailored to the unique needs of Neuroscience patients.

CLASS CALENDAR



Paso tres:

- Para poder participar en los programas de cuidados de apoyo en línea, es necesario aceptar los términos (hacer clic en “Yes, I agree”) descritos en la ventana emergente.

member.

Health Education Program Participation Agreement

I am voluntarily enrolling and participating in a class or activity hosted by Stanford Health Care, including but not limited to, aerobic exercises, balance and functional movement practice, yoga, dance, resistance strength conditioning, and/or tai chi. I am aware of the risks and hazards involved in participating in a class or activity where there is chance for injury. I understand that it is my responsibility to consult with my physician regarding, and prior to my participation in, any type of class or activity at Stanford Health Care. I hereby affirm that I am in good physical condition and do not suffer from any disability or condition that would prevent or limit my participation in classes or activities.

In the event of any unusual pain, discomfort, injury, light headedness or dizziness during the class or activity, I will cease participation. I understand I am responsible for modifying exercises as necessary based on my physical condition and/or state of being.

I understand that Stanford's Health Education Programs, in an effort to provide me with the latest program updates on exercise classes and activities, care, and research, will communicate with me by email or text. At any time, I may change my communication preferences and opt out of email or text communications by contacting Stanford's Health Education Program.

Please confirm that you've read both the confidentiality & health education program participation agreements.

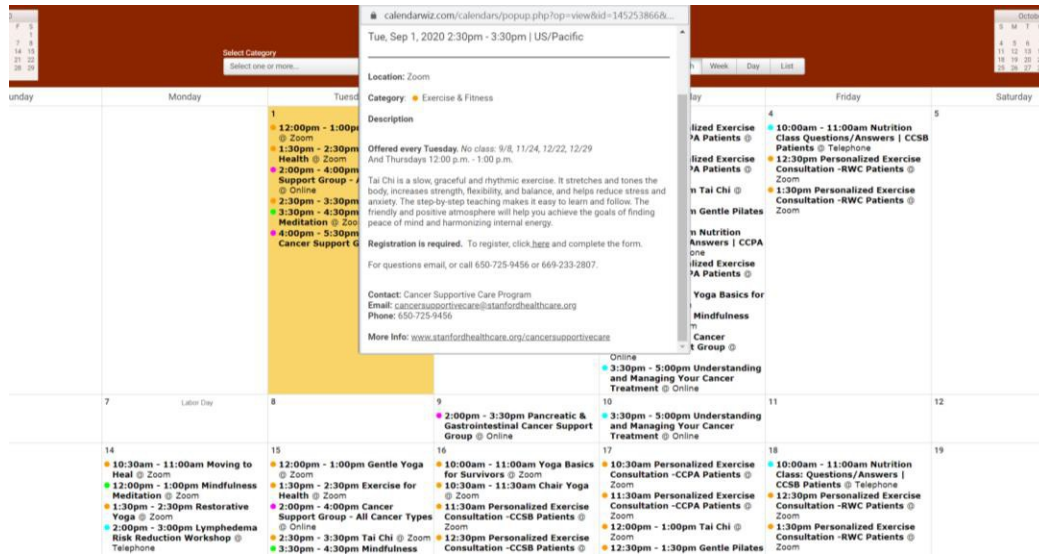
Yes, I agree.
 No, I disagree.

Thank you for your response.

[View the Cancer Supportive Care Program Calendar »](#)

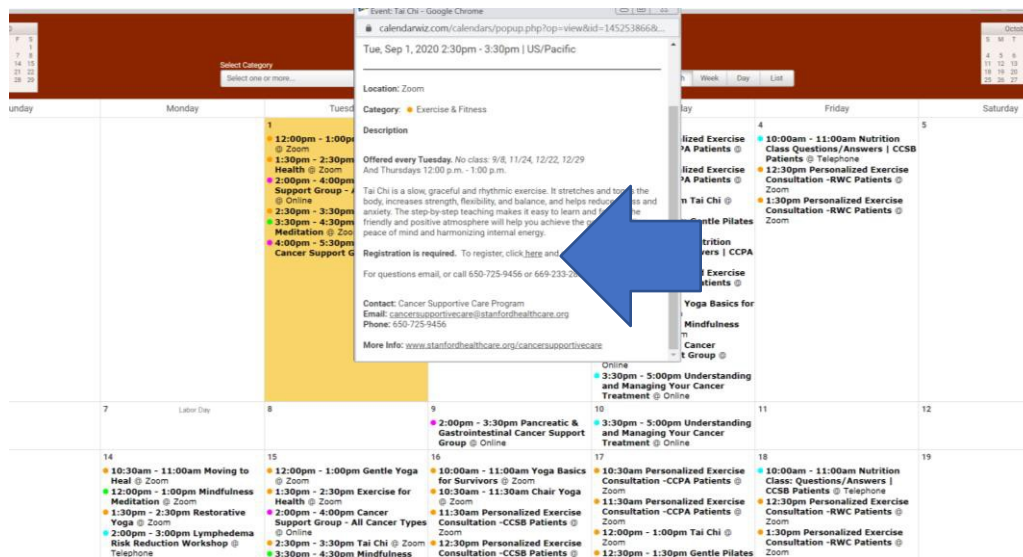
Paso cuatro:

- Una vez que accede al calendario del programa, seleccione la clase en línea de su interés. Vea el ejemplo para la clase de Tai Chi a continuación:



Paso cinco:

- Haga clic en el enlace de inscripción (“To register, click [here](#)”) incluido en la descripción de la clase.




Paso seis:

- Complete los campos de inscripción obligatorios y haga clic en inscribirse (“Register”).

Time shows in Pacific Time (US and Canada)

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email Address*	Confirm Email Address*
<input type="text"/>	<input type="text"/>
Address*	City*
<input type="text"/>	<input type="text"/>
Zip/Postal Code*	State/Province*
<input type="text"/>	Choose One...
Phone*	
<input type="text"/>	
Please re-type participant first and last name*	Emergency Contact First and Last Name*
<input type="text"/>	<input type="text"/>
Emergency Contact Phone Number*	
<input type="text"/>	

* Required information



Paso siete:

- Guarde la dirección URL que se muestra a continuación o agréguela a su calendario. Este es el enlace que usará para su clase en línea.

Meeting Registration Approved

Topic	Tai Chi
Time	Sep 1, 2020 02:30 PM Sep 8, 2020 02:30 PM Sep 15, 2020 02:30 PM Sep 22, 2020 02:30 PM Sep 29, 2020 02:30 PM Oct 6, 2020 02:30 PM Time shows in Pacific Time <input type="button" value="Add to calendar"/>
Meeting ID:	938 7990 0274
To Join the Meeting	
Join from a PC, Mac, iPad, iPhone or Android device:	
Please click this URL to join:	https://stanfordhealthcare.zoom.us/j/93879900274?pwd=SFs5G88GqV70z4NwpaJKFjkxFlUePb5Wk4G-Y5Xc-DQIAAAV262YchZIZ2UeHISVNZLXoTW1OUeJ0bmxBAAAAAAAAAAAAAAAAAAAAAAAAAAAAA&pwd=WUN6R3hRkZ2MElFoXMS5GpSZUw4d09
To Cancel This Registration	
You can cancel your registration at any time.	

