

# Hollister Secure Start Services

## Patient Enrollment Form: Ostomy General Form

Email: [securestartservices@hollister.com](mailto:securestartservices@hollister.com)

Phone: 1.888.808.7456

Fax: 1.800.398.2341

### 1. CONTACT INFORMATION (Print clearly)

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: ☐ Male ☐ Female

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

City: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Stoma Surgery: \_\_\_\_\_ ☐ Temporary ☐ Permanent Home Health Agency: \_\_\_\_\_

Stoma Type: ☐ Colostomy ☐ Ileostomy ☐ Urostomy ☐ Fistula Language Requested: ☐ English ☐ Other \_\_\_\_\_

### 2. POUCHING SYSTEM MANUFACTURER

☐ Hollister ☐ Non-Hollister

### 3. POUCHING SYSTEM (Select all that apply)

Stoma Size: \_\_\_\_\_ ☐ Cut-to-Fit ☐ Pre-cut

#### ONE-PIECE

Barrier Formulation	Barrier Fit	Pouch Color	Pouch Feature	Pouch Closure
<input type="checkbox"/> CeraPlus	<input type="checkbox"/> Flat	<input type="checkbox"/> Clear	<input type="checkbox"/> Filter	<input type="checkbox"/> Lock 'n Roll
<input type="checkbox"/> Flexextend	<input type="checkbox"/> Convex	<input type="checkbox"/> Ultra-Clear	<input type="checkbox"/> No Filter	<input type="checkbox"/> Clamp
<input type="checkbox"/> FlexWear	<input type="checkbox"/> Soft Convex	<input type="checkbox"/> Beige		<input type="checkbox"/> Closed
<input type="checkbox"/> SoftFlex	<input type="checkbox"/> Tape	<input type="checkbox"/> Beige with Viewing Option		<input type="checkbox"/> Urostomy
	<input type="checkbox"/> No Tape			

#### TWO-PIECE

Barrier Formulation	Barrier Fit	Pouch Color	Pouch Feature	Pouch Closure
<input type="checkbox"/> CeraPlus	<input type="checkbox"/> Flat	<input type="checkbox"/> Clear	<input type="checkbox"/> Filter	<input type="checkbox"/> Lock 'n Roll
<input type="checkbox"/> Flexextend	<input type="checkbox"/> Convex	<input type="checkbox"/> Ultra-Clear	<input type="checkbox"/> No Filter	<input type="checkbox"/> Clamp
<input type="checkbox"/> FlexWear	<input type="checkbox"/> Tape	<input type="checkbox"/> Beige		<input type="checkbox"/> Closed
<input type="checkbox"/> SoftFlex	<input type="checkbox"/> No Tape			<input type="checkbox"/> Urostomy

### FOR CLINICIAN-ASSISTED ENROLLMENT:

Clinician Name: \_\_\_\_\_

Clinician Facility: \_\_\_\_\_

Clinician #: \_\_\_\_\_

### 4. ACCESSORIES

The introductory kit already includes samples of Adapt lubricating deodorant (0.27 oz packet\*) and Adapt CeraRing barrier ring 2"

- ☐ Adapt CeraRing slim barrier ring ☐ Adapt no-sting universal remover wipe  
☐ Adapt barrier ring 4" ☐ Adapt no-sting skin protective wipes  
☐ Adapt slim barrier ring ☐ Adapt stoma powder, 1 oz bottle  
☐ Adapt barrier extenders ☐ Adapt ostomy belt, medium, 23" - 43"  
☐ Adapt paste, 0.5 oz tube ☐ Adapt ostomy belt, large, 34" - 65"

\*This product included with Colostomy and Ileostomy introductory kits only.

### 5. EDUCATIONAL MATERIALS

The introductory kit already includes the "Understanding Your Colostomy," "Understanding Your Ileostomy," or "Understanding Your Urostomy" booklet depending on stoma type. Check additional literature you'd like to receive.

- Lifestyle Series: ☐ Sex and Parenthood  
☐ Home and Work Life  
☐ Healthy Eating  
☐ Sports and Fitness  
☐ Travel  
☐ DVD: *Living with Your Ostomy*

### ADDITIONAL REQUESTS/COMMENTS

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[www.hollister.com](http://www.hollister.com)

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**I HEREBY CONSENT TO ENROLL IN SECURE START SERVICES.**

**Patient/Guardian Signature (required):** \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_