

Immune Deficiency Foundation of Australia (IDFA) Registration Form

Patient Name		
Parent Name (where patient is a minor)		
Address		Telephone
		Fax
E-mail		
Gender	Date of Birth	Ethnic Group <i>(Needed for HFA statistics)</i>
PID Disorder (must be specific)	Treatment regime	
Date of Diagnosis		
Immunologist Name	Immunologist Contact details	I give permission for IDFA to verify my PID details with my immunologist (please circle below) YES / NO
Tell us about yourself (family, interests etc)		
How would you like IDFA to support you?		

Would you be interested in (please tick):

- Receiving information about the specific PID
- Receiving regular newsletter
- Regular contact by an IDFA support person
- Contact with other patients/families with same/similar PID
- Participation in IDFA events
- Offering skills/services to benefit IDFA

Family Members/ Friends Wishing to become supporters of IDFA (continue on back for additional people)

Name
Address
Telephone
Email
Relationship to patient
Signature

Name
Address
Telephone
Email
Relationship to patient
Signature

I, (name).....Give IDFA permission to release my name and details to support staff / IDFA Medical panel in order to enable full participation and support by the Foundation.

Signature **Date**.....
(Parent/Guardian to sign if patient is under 18)

Please return the completed form:

By post to: IDFA **OR email to info@idfaustralia.org**
PO Box 149
Stroud NSW 2425