

RETINA SOUTH AFRICA (NPO Number 003-184)

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PATIENT REGISTRATION FORM

PLEASE PRINT CLEARLY. All information will remain entirely confidential.

We are producing a national profile of South African communities, so that our members will be able to participate in upcoming clinical trials

SECTION 1 (VITAL PERSONAL INFORMATION)

Surname:							Initials:			
First Name/s:										
Title:	Mr	Mrs	Ms	Master	Dr	Prof	Other	Gender:	M	F
Maiden Name:							Language:			
Date of Birth:				ID No.:						
Ethnic Group:		Asian		Black		Coloured		Indian		White
Has a sample of your blood been taken:								Yes		No
Does Retina SA have confirmation of your diagnosis:								Yes		No
Describe your eye problem:										
Are any of your family members affected? If yes, complete page 2									Yes	No

SECTION 2 (CONTACT INFORMATION)

Residential Address:										
		Postal Code:								
Postal Address:										
		Postal Code:								
Home Tel. No. ()				Work Tel. No. ()						
Fax No. ()				Cell No.						
eMail Address:										
Spouse Name:						Contact No. ()				
Relative/Friend:						Contact No. ()				

I would like to become a member of Retina South Africa ("RSA") and hereby authorise my doctor _____ Tel.: () _____ to give my medical details to RSA, and I further authorise RSA to release these to bona fide researchers.

Sign:

FOR OFFICE USE

Application Date:					Membership No.					
Branch:	ECAPE	GAU	KZN	NAT	NGAU	WCAPE	Classification:			



PATIENT REGISTRATION FORM PAGE 2 FAMILY HISTORY, AUTHORISATION & INFORMATION

Name:	Date of Birth:
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Maiden Name of:-		
• Mother's mother:		
• Mother:	• Father's mother:	
Family Members Affected:-		
Name:	Date of Birth:	Relationship:
Address:		
Name:	Date of Birth:	Relationship:
Address:		

I NEED!!	TICK	OFFICE USE
1. Details of blood clinics for gene-tracking		
2. Genetic counselling		
3. Information on nutrient supplements for AMD		
4. Information on nutrient supplements for RP and Ushers		
5. Information on Stargardt Disease		
6. Information on Usher Syndrome		
7. Information on joining discussion/support groups		
8. List of low vision practitioners		
9. Mobility instruction/skills for daily living		
10. Retina newsletter on tape or email (specify)	TAPES	EMAILS
11. Peer counselling		
12. Taped books & other tape aid services (Tape Aids for the Blind)		
13. Tips for teachers		
14. Booklet with more detailed information on my condition		
15. Other (specify):		

<p>I hereby authorise my doctor to give my medical details to Retina SA, and I give Retina SA permission to release these to researchers.</p>	
<p>My doctor is: _____</p>	<p>Tel. () _____</p>
<p>My signature: _____</p>	<p>Date: _____</p>