



AUSTRALIAN PITUITARY FOUNDATION LTD

www.pituitary.asn.au

ABN 13 088 357 902

PATIENT/CARERS MEMBERSHIP FORM

All information on this form is confidential and voluntary and will not be divulged without your express permission. Please complete as much detail as possible – this will enable us to customise our services to you and conduct statistical surveys.

APPLICANTS NAME: Mr/Mrs/Ms PATIENT'S NAME:

Patient Info: Do Birth / ... / ... Gender M / F Relationship to Patient:
 same/wife/mother/grandparent/father/etc

POSTAL ADDRESS CITY: STATE: P/CODE:

PHONE: H W MOBILE EMAIL:

ORIGINAL CONDITION: The primary cause of your pituitary problem, please select only **ONE** (e.g. acromegaly/non-functioning tumour/cranial di/brain injury) **CURRENT CONDITION(S):** If your condition has not been resolved – please select the same condition again, then select any additional or current conditions you now have in order of preference by placing **1, 2 or 3** in the box.

Original Current

- Acromegaly
- ACTH Deficiency
- Adult Growth Hormone Deficiency
- Autoimmune Disorder
- Brain injury
- Childhood Growth Hormone Deficiency
- Craniopharyngioma
- Cushing's Disease
- Cyst
- Diabetes Insipidus
- Empty Sella Syndrome
- Germinoma
- Gigantism
- Hypopituitarism / Partial Pit Insufficiency
- Haemorage / Bleed
- Head Trauma

Original Current

- Hypothalamic tumour
- Hypophysitis
- Late effects after cancer treatment
- Multiple Endocrine Neoplasia - Type1
- Meningioma
- Neuro sarcoidosis
- Nelson's Syndrome
- Panhypopituitarism (all hormones)
- Pituitary tumour – Non functioning / secreting
- Pituitary tumour – Multi Hormonal
- Pituitary adenoma – Unknown type
- Prolactinoma
- Rathke's Cleft Cyst
- Sheehan's Syndrome / Postpartum
- THS secreting tumour
- Other:

	Type*	Times	Date/s	Hospital	Surgeon	Comments
Surgery? <input type="checkbox"/> YES						
Radiotherapy? <input type="checkbox"/> YES						

* Surgery types: adrenal / crano / transphenoidal Radiotherapy types: conventional daily fractionated / single dose stereotactic / fractionated stereotactic

Medications? YES Please list Endocrinologist

Medication Comments? Endocrinologist

GH Deficiency? y / n (please circle) Trial? y / n Pay? y / n Can you assist with PBS adult GH advocacy? y / n

Pregnancy? Successful after treatment? y / n **Size of tumour?** macro / micro (please circle) **In remission?** y / n

Time from onset of symptoms to diagnosis

APF SERVICES:

Please select from the following APF Services:

Newsletter and communication: Email Mail (please assist us with costs by selecting email)

Patient Contact Register: Yes I am willing to have my phone and/or my email included on a contact register which is made available to other financial patient members (a separate consent form will be sent to you).

If you do not use the internet would you like us to send you information otherwise available on-line? Yes

HOW YOU CAN ASSIST US:

I am interested in helping the APF with:

Skills offered:

I know of a corporate who might be interested in assisting on a philanthropic basis – contact me y / n

I heard about the APF from:

I am willing to talk with the media y / n

Membership is \$30.00 and is due for renewal annually at the end of the financial year - 30th June. Your donation to the APF would be greatly appreciated. Donations of \$2 or more are tax deductible.

Membership: \$ 30.00 Cheque / money order enclosed payable to Australian Pituitary Foundation Ltd

Donation: \$ Visa / Mastercard (please select). We cannot accept other cards. If paying by credit card please consider making a donation towards fees.

TOTAL: \$ Cardholders Name:

Card Number:

I require a receipt Expiry date: ... / ... Signature

By agreeing to be a member of APF, you consent to your personal information being used in accordance with our Privacy Policy.

Signature. Date.