

'Optional sheet to go with the Membership Form for 2015 - 16'

It would be appreciated if members or sufferers would also complete the following - where appropriate the information will be passed on anonymously. Please note that the section 'Referrals ...' has the wording 'since 2005' - please would you keep to that timespan.

Please circle as appropriate.

(If there are further sufferers in the household, please ask for another copy of this sheet.)

Member's or Sufferer's details						
Title: Mr / Mrs / Miss / etc			Initial letters of your First Name(s) and Surname:			
Postcode:		Date:				
Year of birth:		Year of onset:		Year of diagnosis:		
Diagnosis of:		Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) / Fibromyalgia (FMS) / Post Viral Fatigue Syndrome (PVFS)				
Diagnosed by:		GP - (Name & locality please)				
		Consultant - (Name & locality please)				
Current GP:		(Name & locality please)				
Would you recommend your current GP to people with ME, CFS or FMS?					Yes / No	
Have other members of your family been diagnosed with ME / CFS / FMS?					Yes / No	
If yes, diagnosed with ME / CFS / FMS (Circle as appropriate)						
Referrals to the NHS Worcestershire CFS/ME Service (since 2005)						
1. Have you been referred to a NHS Worcs. Paediatric (Childrens) Occupational Therapist (OT)?			Yes / No	If yes, when, and give name		
2. Have you been referred to a NHS CFS/ME Information Session?			Yes / No	If yes, when did you attend?		
3. Have you been referred to individual Sessions with a health NHS professional?			Yes / No	If yes, when, and which professional?		
4. Have you attended NHS Worcs. CFS/ME group therapy sessions?			Yes / No	If yes, when?		
5. Have you attended the NHS Worcs. CFS/ME Recovery After Discharge Group?			Yes / No	If yes, when?		
Are there any additional comments you wish to add?						

Thank you for completing these questions.