## *Worcestershire ME Support Group (WMESG)*

*For people affected by ME, CFS, PVFS, FMS*

**Membership Form 1st October 2016 - 30th September 2017**

Members receive the Group's Newsletters either by post or email, and are welcome at any of the Group’s meetings. Members are also entitled to vote at the Group's Annual General Meeting held in September.

**Please write in BLOCK CAPITALS and tick, circle or underline as appropriate:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: Mr / Mrs / Miss / other | | | | |  | | | | | | | | |
| First Name(s) | | | |  | | | | | | | | | |
| Surname |  | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | |
|  |  | | | | | | | | | Post Code | |  | |
| Landline Tel. No. | |  | | | | | | | | Mobile No. | |  | |
| Email Address | |  | | | | | | | | | | | |
| Please sign to show you are willing for your details to be held on computer - strictly for use by | | | | | | | | | | | | | |
| WMESG Committee members | | | | | |  | | | | | | | |
| How do you prefer to be contacted? | | | | | | | | By post, phone, or email | | |  | | |
| Your Year of Birth | | |  | | | | Your condition | | M.E. / CFS / PVFS / FMS | | | | (circle those which apply) |
| How did you hear about WMESG? | | | | | | |  | | | | | | |
| To minimise any possible problems with security, the Committee has decided that those wishing to link up with other members, friends or carers should do so by phoning our Chairman, Ian Logan (01886 888419), who would then look to link people up, possibly by area, age or those having similar difficulties.  If you are interested in helping us in any way as a volunteer, e.g. to help run a group, or with the Newsletter, as a contact with newspapers, local radio, by email or phone, please phone Ian Logan | | | | | | | | | | | | | |

**Membership Subscription**

|  |  |  |
| --- | --- | --- |
| Membership type | Please tick | Amount |
| Newsletters by post |  | £12.50 |
| Newsletters by Email |  | £10.00 |
| Additional donation? |  | £ |
|  | **Total** | **£** |

N.B. Experience shows that some do not actually specify the type of subscription they require,   
e.g. if a cheque is sent for £12.50 and the above has not been filled in correctly it could mean the member wants newsletters by post, OR, by email and they have included an extra donation of £2.50!

We are a small support group run by volunteers and know first-hand what financial hardship people with M.E. can be pushed into, therefore we only ask you to pay what you can afford.

Please make cheques payable to *Worcestershire M.E. Support* *Group* & send with the completed form to: Peter Goodbury, WMESG Treasurer, Willow Cottage, Lower Dingle, Malvern, Worcs. WR14 4BQ

We appreciate that form-filling can be a chore for some, but it would be helpful if the rest of this page were completed as and where applicable. Information given on this page will be passed onto our local NHS Clinical Commissioning Groups anonymously.

Please circle, or underline/highlight as appropriate.

*(Should another person in the household be affected – please ask for another copy of this sheet.)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of person affected with ME / CFS / FMS / PVFS** | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Miss / etc | |  | Initial letters of both your First Name(s) and Surname: | | | | | | | | | | |  |
| Postcode: |  | | | | | Today’s 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) | | | | | | | | | | | (circle those which apply) | | |
| 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 Worcs CFS/ME Information Session? | | | | | Yes / No | | If yes, when did you attend? | | | |  | | | |
| 3. Have you been referred to individual  sessions with a NHS health professional? | | | | | Yes / No | | If yes, when, and  which professional? | | | |  | | | |
| 4. Have you attended NHS Worcs. CFS/ME Managing Lifestyles Group sessions? | | | | | Yes / No | | If yes, when? | | | |  | | | |
| 5. Have you attended either the NHS Worcs. CFS/ME Recovery After Discharge Group or Recovery And Management Group? | | | | | Yes / No | | If yes, when? | | | |  | | | |
| Are there any additional comments you wish to add? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

If you have provided information in the past and any of those details are now out-of-date,   
would you please advise us (via the treasurer who will pass the details on to the committee   
member responsible). Thank you and thank you for completing these questions.