

PNSW Support Group Participant Form

All Support Group participants are required to complete this form. Please also use this form to update your details if they have changed. **PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON and please PRINT your details.**

Mr/Mrs/Ms/Miss First Name _____ Last Name _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____

Email _____ Date of birth _____

Tick the following that apply to you:

- Living with Parkinson's If yes, Date or Year of Diagnosis: _____
- Carer Family member If a carer or family member, please state the relationship to the person living with Parkinson's _____
- Friend Medical or Health Professional Allied Health Professional
- Other please describe _____

Which Support Group/s do you attend? _____

- I would you like receive the monthly InTouch Support Group Newsletter and quarterly Stand By Me magazine via email. (Online publications - email address is required for this).

I would like to join online support group meetings for any of the following:

- Carers. This is only for carers of someone living with Parkinson's.
- Let's talk Parkinson's. Presentations by health and allied health professionals.
- DBS. This is for those considering or who have had DBS.
- Early onset. This is for those who were diagnosed before they turned 65 years old.

Is there any specific assistance you would like? Please call Parkinson's NSW on 1800 727 567 to discuss with our Infoline Health Professionals and Counsellors.

Signature _____ Date _____

Parkinson's NSW Support Groups are bound by the Parkinson's NSW Constitution and the Support Group Guidelines. Please speak to your Support Group Leader if you would like to access this information.