



Wilson's Disease Support Group – UK
www.wilsonsdisease.org.uk

PATIENT DETAILS TO BE INCLUDED IN THE WILSON'S DISEASE PATIENT REGISTER – UK

PERSONAL DETAILS OF PATIENT (Please print)
 (To be Completed by Patient or Parent/Guardian of Patient under 18 years of age)

Surname		Title:
First Name(s)		
Date of Birth		Gender: M/F *
Address		
Postcode		
Tel. No.		
Email Address		

MEDICAL DETAILS

Date of Diagnosis		NHS Number:
Name of Consultant & Hospital Details		

The details entered above relate to me/my child* and **I consent** to them being included in the Wilson's Disease Support Group – UK (**WDSG-UK**) *Wilson's Disease Patient Register-UK*.

Signed *Dated*

Please print name
 Patient / Patient's Parent/Guardian *

I consent/do not consent* to the **WDSG-UK Patient Register - UK** Coordinator contacting me in the future to ask me to take part in research projects and medical surveys relating to Wilson's disease that are approved by the NHS Group which approves and commissions research.

Signed *Dated*

Please print name
 Patient / Patient's Parent/Guardian *

**(Please delete as appropriate)*

Please return the completed form to: Mrs Valerie Wheeler, WDSG-UK Patient Register Coordinator, 38 Grantchester Road, Cambridge CB3 9ED.