

Details of Patients (Please download and complete in capital letters)	
Current Treatment (please circle or mark with X)	<ul style="list-style-type: none"> • Penicillamine • Trientine • Zinc • Tetrathiomolybdate • Other (please specify)
Initial Symptoms	
Date of Diagnosis	
Hospital Where Diagnosed	
Initial Treatment	
Other treatments / hospital treatments / complications	
<p><i>Signed</i> _____ <i>Dated</i> _____</p>	

Please send **completed forms signed and dated, together with payment to:**

Mrs Valerie Wheater, Secretary, Wilson's Disease Support Group - UK (WDSG-UK)
Reg. Address: 38 Grantchester Road, Cambridge CB3 9ED

Annual Fees:	UK Membership	£10.00
	Non-UK Membership	£12.50

Please make **cheques and postal orders** payable to **WDSG-UK**

Alternatively, payment may be made by bank transfer to:*

Name of Account:	WDSG-UK
Name of Bank:	HSBC
Sort Code:	40-35-18
Account No:	32536048
Branch Identifier:	MIDLGB2108N
Int. Bank A/c No:	GB43MIDL40351832536048
Reference:	<i>Your Surname followed by your first initial</i>

* For patients paying by **bank transfer**, please **do not forget** to post your membership form to **Valerie at above address or by email to val@wilsonsdisease.org.uk**

Confidentiality and Data Protection

Any information given on this sheet will be treated with strictest confidence.