



Hemophilia of North Carolina

MEMBER QUESTIONNAIRE

 **PLEASE PRINT:**

DATE: _____

NAME: _____

ADDRESS: _____


CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

Please check one: I prefer printed materials sent through US Mail
 I prefer to receive materials by electronic mail, when possible

Please indicate the services, programs and issues that are of interest to you and members of your household:

 Targeted Programs, where you can learn more from experts, and interact with others who share similar problems and issues:

- Teen Program ... for teenagers affected by bleeding disorders
- vWD Teen Program ... for teenage girls affected by von Willebrand Disease
- vWD Women's Program ... for women affected by von Willebrand Disease
- Parents Only Program ... just for parents, whether they – or their children – have bleeding disorders
- Men's Program ... for all men affected by bleeding disorders
- Insurance Seminars ... dealing with – and coping without – healthcare insurance, Medicare, and Medicaid
- Inhibitors ... a special complication for some
- HIV/Hepatitis ... all aspects of HIV/AIDS and hepatitis
- Dads In Action ... training to help fathers build strong bonds with all of their children

 General Educational and Fun Stuff:

- Mom's Night Out
- Family Weekend
- Summer Camp
- Holiday Celebration (end of year)

 Other (please suggest):

- _____
- _____
- _____

Please see other side ➡

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NAME: _____

Please tell us whether you or a family member (NAME: _____) would be interested in assisting with any of the following projects:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Education | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Other _____ |

OPTIONAL: Persons living in your household (including yourself):

Name	Age	Relationship	Bleeding Disorder? (Yes/No)	Type of Bleeding Disorder	Carrier? (Yes/No)
<i>Self</i>		<i>Self</i>	<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N
			<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Y / <input type="checkbox"/> N

Comments: _____

Thank you! Please call 800-990-5557 (toll free) if you have any questions. Please return to HNC, 260 Town Hall Dr., Suite A, Morrisville, NC 27560; or fax to (919) 319-0016.