

POHA Patient Information Form

POHA would like to compile an up-to-date list of POH patients and their families.

Please complete and return to: **POHA, 14031 S. Tamarack Drive, Plainfield, IL 60544-6356.**
815-524-5849, E-mail: POHA@comcast.net

All information will be kept strictly confidential, unless you indicate you would be willing to have the POHA list you as a contact person.

Date _____

Name _____

Address _____ (First) _____ (Mi.) _____

Phone _____ (home) _____ (work)

E-Mail _____ Fax _____

When is the best time to reach you? 11 Days 11 Evenings

Are you the: 11 POH Patient 11 Parent 11 Grandparent 11 Other _____

Patient's Name _____ Age _____

Address _____ DOB ___ / ___ /

_____ Age of Diagnosis _____

Other family members (Please indicate if other family members have been diagnosed with POH or a similar disorder) _____

Where is the POH in the patient?

How does it limit the patient's activities?

Can the above information be shared with other POH families? 11 Yes 11 No

When others with POH contact us would you be willing to talk to them if they have POH in the same place? 11 Yes 11 No

Are you interested in learning how to raise awareness of POHA within your community of family and friends? 11 Yes 11 No

Are you interested in fund raising for the POHA? 11 Yes 11 No

If you wish to discuss any of the above, or care to personally share your concerns, please call us at **815-524-5849**.