

Faustman Lab Pre-Appointment Information Form

Thank you for taking the time to fill out this form which will help us prepare all the necessary paperwork for your appointment. This form will NOT be used for any screening purposes, and is only intended to aid in the process of preparing the paperwork for your visit to the lab.

Patient name: _____ Date of birth: _____ Sex: M/ F

Parents' names if patient is a minor: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Ethnicity (choose one)

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Race (choose one)

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More than one race
- Prefer not to answer

Do you have an autoimmune disease? Yes/No

If yes, which disease: _____

Age of autoimmune disease onset: _____

List autoimmune disease related complications:

List current medications and dosage:

Medication	Dosage	Medication	Dosage

Are you or your child interested in:	Yes	No
Giving a research blood sample?		
Participating in future phases of our trial?		
Supporting our research by making a donation?		
Assisting with our fund-raising efforts?		

Please send this completed form to:

Email: autoimmunity@partners.org

Fax: 617-726-4095

Mail: Dr. Denise Faustman
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