

Faustman Lab Patient Information Sheet

Thank you for filling out this form on your medical history. By returning this form, you will be included in our database (which will be scanned for future trial phase eligibility) and will also receive our newsletter, about 2 times per year.

Patient name: _____ Date of birth: _____

Parents' names if patient is a minor: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Do you have Type 1 diabetes? Yes/No If yes, please fill out the lines directly below.

Age of diabetes onset: _____

Birth Date (Month/Day/Year): ___ / ___ / ___

Date of last HbA1C: _____

Last HbA1C value: _____

List diabetic complications:

List any other diseases including any other autoimmune diseases (refer to list of autoimmune diseases on next page):

List current medications and dosage:

Medication	Dosage	Medication	Dosage

Autoimmune Disease History

Please check the **Self** or **Family** box if you (self) or any blood related family member (brothers, sisters, parents, grandparents, children, aunts, uncles, cousins) have any of the following diseases. If a **family** member has one of the following diseases, please write who has the disease and on what side of the family this person is on - **mother's family** or **father's family**.

Autoimmune Disease	Self	Family	
		Mother's Family	Father's Family
Addison's Disease			
Ankylosing Spondylitis			
Celiac Disease			
Crohn's Disease			
Fibromyalgia			
Grave's Disease (overactive thyroid)			
Guillain-Barre Syndrome			
Hashimoto's Thyroiditis (underactive thyroid)			
Idiopathic Pulmonary Fibrosis			
Idiopathic Thrombocytic Purpura			
Insulin-Dependent Diabetes (Type 1 diabetes)			
Juvenile Arthritis			
Lupus			
Multiple Sclerosis			
Myasthenia Gravis			
Pemphigus Vulgaris			
Pernicious Anemia			
Polyarteritis Nodosa			
Polymyalgia Rheumatica			
Polymyositis and Dermatomyositis			
Primary Biliary Cirrhosis			
Psoriasis			
Raynaud's Phenomenon			
Rheumatic Fever			
Rheumatoid Arthritis			
Sarcoidosis			
Scleroderma			
Sjogren's Syndrome			
Temporal Arteritis (Giant cell arteritis)			
Ulcerative Colitis			
Vasculitis			
Vitiligo			

<u>Are you or your child interested in:</u>	<u>Yes</u>	<u>No</u>
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:

E-mail: diabetestrial@partners.org

Fax: 617-726-4095

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