



Please take time to fill out the relevant parts of this form. The information you supply is very important to the Pulmonary Hypertension Association (PHA UK) because it helps us to meet the specific needs of our members and provide relevant information and support. The information will be treated in the strictest confidence and will not, under any circumstances, be passed on to a third party.

Your details

Title: Mr/Mrs/Miss/Ms/Dr

Full name: **Date of birth:**

Address:

.....

..... **Postcode:**

Daytime phone number: **Evening phone number:**

Email:

Are you a: patient/relative of a person with pulmonary hypertension (PH)/
friend of a person with PH/medical professional
(please delete those not applicable).

If you have PH

Which hospital do you attend for your PH treatment?

Which type of PH do you have (if known)?

Approximately how long did it take before your PH was diagnosed after first visiting a doctor?

What was the main reason for you visiting a doctor in the first place? Eg *'I was becoming increasingly short of breath'*

How many different doctors did you have to see before your PH was diagnosed?



continued . . .

What is your home situation? Eg *'I live with my husband and eight-year-old son'*

Are you working? (please tick) Full-time Part-time No

Have you had to stop work or reduce your working hours because of your PH symptoms?

What treatment(s) are you taking for your PH?

About the PHA UK

How did you hear about the PHA UK? Eg *'One of the nurses at my hospital recommended joining'*

Would you be willing to help the PHA UK? Eg with fundraising or talking over the phone with others in similar circumstances as yourself?

If you think you can help, what do you think you would be able to offer?

Thank you for completing this form. You can send it back to us in the freepost envelope in the members' pack.

Alternatively, please return it to:

PHA UK, Unit 2, Concept Court, Manvers, Rotherham, S63 5BD.