TS Alliance Clinic Ambassador new patient contact form

Tuberous Sclerosis Alliance

YOUR NAME (optional): _____ DATE: _____

1. Have you heard of the TS Alliance? ☐ YES ☐ NO

2. If YES, where?

   ☐ TSC clinic ☐ Internet ☐ Doctor ☐ Relative ☐ Friend Other: _____

3. **What is your connection to TSC?**
   - ☐ I am an adult with TSC
   - ☐ I am the parent of a child with TSC
   - ☐ I am the relative of a person/child with TSC (not the parent)
   - ☐ I am the guardian of a person/child with TSC
   - ☐ Other (Please Specify): _____

4. 

here if you do not wish TS Alliance to contact you for any reason. Please return this form to the TS Alliance Clinic Ambassador or to the TSC Clinic staff.

5. **Your Contact Information**

   Please complete your contact information below, if you would like to be added to the TS Alliance mailing list to receive announcements about TS Alliance events and to receive a copy of the TS Alliance's magazine, *Perspective.*

_____
NAME

_____
STREET

_____ _____ _____
CITY STATE ZIP

EMAIL: _____

PRIMARY PHONE: ☐ Land ☐ cell _____
area code phone number

SECONDARY PHONE: ☐ Land ☐ cell _____
area code phone number

CHILD'S NAME (optional) ☐ Not applicable _____ AGE: _____

YOUR NAME (OPTIONAL): _____

OTHER IMPORTANT INFORMATION YOU WOULD LIKE US TO KNOW:

7. **TSC CONNECT:** The TS Alliance's TSC Connect program is an organized partnership of individuals whose lives have been affected by tuberous sclerosis complex (TSC). The volunteers are committed to offering support and sharing their experiences with others who are faced with the challenges of TSC. TSC Connect is designed to connect individuals either by specific geographical area, manifestations, or age of TSC individual, and lets volunteers choose the issues they have personal experience with and are willing to discuss with others.

   a. Would you be interested in connecting with another family who is dealing with similar issues related to TSC?
      ☐ YES (Please be sure you provided your contact information on Page 1 -#5) ☐ No