



FAMILIES OF S.M.A.
CHARITABLE TRUST
脊髓肌肉萎縮症慈善基金

S.M.A. PATIENT REGISTRATION FORM

I understand that the “Families of S.M.A. Charitable Trust” is a non-profit organisation set up for the purpose of furthering medical research to find a cure for S.M.A. diseases, provide patient support, help needy S.M.A. families and promote public awareness of the S.M.A. diseases in Hong Kong.

Please register me on the “Hong Kong S.M.A. Patient Database” and keep me informed of current developments.

Patient Personal Information

Patient English Name: _____ Chinese Name: _____

HKID: (if applicable) _____ Sex: _____ Date of Birth: _____

Mailing Address: _____

Occupation: _____ Contact Tel.: _____ Fax: _____

S.M.A. Type: Type I Type II Type III Type IV Unknown

Year of diagnosis of S.M.A.: _____

Name of consulting doctor/hospital: _____

Guardian Personal Information (if applicable)

Name (Mr/Miss/Mrs): _____

Mailing Address: _____

Contact Tel.: _____ Fax: _____

All information provided is private and confidential. (Free of charge)

Signature: _____ Date: _____

Please submit this Form by **FAX** or **MAIL** to: Families of S.M.A. Charitable Trust
Room 1402, 14 Floor, SUP Tower, 83 King's Road, North Point, HK
Hotline: 2811 1767 Fax: 2510 7199
Website: <http://www.fsma.org.hk> Email: info@fsma.org.hk