

CYSTINOSIS FOUNDATION, INC.

604 Vernon St.
OAKLAND, CA 94610
1-800-392-8458

Please fill out the questionnaire if you would like to update our database.

Child or Adult with Cystinosis: _____
Date diagnosed with Cystinosis: _____ Born: _____ Sex: _____

Parents:

Father: _____ Mother: _____

Siblings: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Work Phone _____ Occupation: _____

Favorite Foods _____

Interests: _____

Special problems: _____

Would your child be interested in a Pen Pal? _____

Interested in networking with other parents: _____

Would you prefer to be contacted by phone? _____ E-mail? _____ In writing? _____

Would you like your child to be added to our yearbook? _____ with photos? _____

Would you like to be added to our web page? _____

Any other comments you would like to add? _____

Please mark the items that pertain to your child:

Cystagon _____ Transplanted Kidney _____ Age? _____

Please mark the appropriate boxes:

- ☐ I hereby, give the Cystinosis Foundation Inc. permission to release the above information and pictures for publication in an International Directory and on the web page for the express purpose of strengthening parental support and establishing more direct communication between parents.
- ☐ No I do not give my permission to the Cystinosis Foundation to print my contact information or photographs
- ☐ No I do not give my permission to the Cystinosis Foundation to print my contact information in the International Directory.

Signature: _____ Date: _____