

# BDASC

Mail to: Hemophilia of South Carolina - 439 Congaree Road, Suite Box #5 - Greenville, SC 29607

E-mail to: info @ hemophiliasc.org -- Fax to (864-244-8287) You can also register online on our website.

\_\_\_\_\_ Current Member Update \_\_\_\_\_ New Member **\*\*\*Please put a (B) next to name/s of those affected by a bleeding disorder**

*I would like to give my permission to list my name and contact information in the BDASC Support Group Contact book. I understand my PPI will not be provided, sold or distributed to any other organization, cooperation or Industry/Healthcare provider- this is strictly to assist community members to be able to reach individuals with like interest and diagnosis's, ages of children, zip codes, mentoring and interests. This is optional. YES \_\_\_\_\_ NO \_\_\_\_\_ (do not list us)*

**Name: (Last, First)** (Please list all adult family members living in your household, adults with bleeding disorders, add birth year please)

Adult: \_\_\_\_\_ Adult: \_\_\_\_\_ Adult: \_\_\_\_\_

Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_ Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_

Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_ Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_

Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_ Children: \_\_\_\_\_ Birthyear: \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

What type of bleeding disorder are you or your family member(s) diagnosed with? (below)

Hemophilia A \_\_\_ Hemophilia B \_\_\_ VonWillebrand Disease \_\_\_ Symptomatic Carrier \_\_\_ Carrier (no symptoms) \_\_\_

Other Bleeding Disorder \_\_\_\_\_

Mild  Moderate  Severe  Do you have an inhibitor? Yes \_\_\_\_\_ No \_\_\_\_\_

What treatment center / clinic / facility do you use for treatment care of your bleeding disorder(s)? \_\_\_\_\_

What is your physician's name? \_\_\_\_\_ Contact: \_\_\_\_\_

*BDASC appreciates all donations in support of our programs and services. Your donation may be tax deductible as allowed by law. A receipt upon request is available. If you would like to make a donation at any time, please make all checks payable to **Hemophilia of South Carolina** and send checks to the home office. You may also make a donation on our website at [www.hemophiliasc.org](http://www.hemophiliasc.org)*

Please except my donation of:

\$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ other \_\_\_\_\_ In memory of: \_\_\_\_\_

\_\_\_\_\_ I do not have a bleeding disorder; however, I would like to support BDASC and its mission. Please add my contact information listed above to your database and mailing list.

**My affiliation is:**

\_\_\_\_\_ Medical Professional: I work for \_\_\_\_\_

\_\_\_\_\_ Industry providing services/products to the bleeding disorders community \_\_\_\_\_

\_\_\_\_\_ Industry providing services/products to the bleeding disorders community and a community member with a bleeding disorder, or family member / child / spouse with a diagnosis. (Use my information above)

I work for \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_