PINSA
PRIMARY IMMUNODEFICIENCY NETWORK OF SOUTH AFRICA

MEMBERSHIP FORM

Confidential to PiNSA

Please complete and e-mail to info@pinsa.org.za

Name of Patient: _____

Name of Parent/Caregiver/Other: _____

Is the patient on the SA PID patient registry? Yes/No

1. It is a condition of membership of PINSA that a member indemnifies PINSA against any claim that may be instituted by whomsoever arising from any advice on treatment that may be suggested for a member or a non-member by any other member of PINSA.
2. The information provided is confidential to PiNSA. Should there be a request for database information by e.g. the Medical Advisory Panel, IPOPI, this information is anonymised and individuals are thus protected. Service providers do not have access to information.

_____	_____	_____
Full Name & Surname	ID Number	Date

Parent /Caregiver/Other	
First Name:	
Last Name:	
Address 1:	
Address 2:	
City:	
Province:	Postal code:
Telephone:	
E-mail:	

Patient
First Name:
Last Name:
Address 1:
Address 2:

City:	
Province:	Postal Code:
Telephone:	
E-mail:	
Date of Birth:	
Date of Diagnosis:	

What is the patient's current diagnosis?

Agammaglobulinemia (XLA)	IgG Subclass Deficiency
Ataxia Telangiectasia	Selective IgA Deficiency
Chronic Granulomatous Disease	Severe Combined Immunodeficiency
Common Variable Immunodeficiency	Wiskott-Aldrich Syndrome
Complement Deficiency	Not sure
DiGeorge Syndrome	Other (please specify):
Hyper IgM Syndrome	Originally began as IGA Deficiency

Who is the physician who treats the patient's primary immunodeficiency disease?
(This is for purposes of the medical database/distribution of medical related material only)

Name: Telephone:

City and Province: e-mail:

What primary health insurance does the patient currently have? (Select one)
(This is for purposes of the health insurance database only)

Employer Coverage	Uninsured
Individual Policy	Other (please specify):
Medical Aid: Please add name of Medical Aid	

What treatment does the patient currently receive? (Select one)

Intravenous Immunoglobulin (IVIG)	Subcutaneous Immunoglobulin (SCIG)	Neither

What is the current brand of IVIG or SCIG used?

Polygam	Beriglobin	Other: