



Sarah Matheson Trust for  
Multiple System Atrophy

# Registration Details

**Title (e.g. Mr, Miss)** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Initials** \_\_\_\_\_

**First name (or preferred name)** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**County** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**Date of Diagnosis** \_\_\_\_\_

**Name and address of GP** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Name of Specialist** \_\_\_\_\_

**Name and address of Hospital** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Name of main Carer** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

*(If different from above)* \_\_\_\_\_

The following information is optional but would greatly help us with our research and support services. This information will remain confidential.

**Please tick the symptoms that you experience** (You may not experience all the symptoms from the range below)

- Dizziness
- Fainting
- Speech disturbance
- Swallowing problems (coughing or choking when eating)
- Snoring
- Cold hands or feet
- Inability to sweat
- Nausea
- Constipation
- Urinary problems
- Disturbance of sexual function in men
- Difficulty walking
- Poor balance
- Clumsiness
- Restless sleep (difficulty turning in bed)
- Increased emotional response to happy/sad events

Other \_\_\_\_\_

---



---

**Do you have contact with any of the following services?**

- |  |  |
|--|--|
| Speech Therapy <input type="checkbox"/>          | Occupational Therapy <input type="checkbox"/>      |
| Physiotherapy <input type="checkbox"/>           | Dietician <input type="checkbox"/>                 |
| Social Service Carers <input type="checkbox"/>   | District Nurse <input type="checkbox"/>            |
| Home Help <input type="checkbox"/>               | Continence Advisor <input type="checkbox"/>        |
| Hospice/Palliative care <input type="checkbox"/> | Parkinson's Disease Nurse <input type="checkbox"/> |

**How did you find out about the Sarah Matheson Trust?**

- Friend/family     Specialist     GP     Nurse     Social Services   
 Therapist     Website     Parkinson's Disease Society   
 Ataxia UK     other  (please state) .....

**Are you happy for us to share your contact details with any Sarah Matheson Trust groups setting up locally?**    Yes     No

***Thank you for taking the time to complete this questionnaire.  
Please return it in the enclosed envelope.***