

Return to:

PSPA Ireland, Carmichael House, 4, North Brunswick St. Dublin 7, D07RHA8

### A. Patient Information:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_ Eircode: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Tick: PSP:  CBD:  Other:

Diagnosed in: \_\_\_\_\_ (year) Age at diagnosis: \_\_\_\_\_

Hospital: \_\_\_\_\_ Neurologist: \_\_\_\_\_

### B. Carer Information:

Name of Primary Carer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_ Eircode: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Tick: Carer:  Family Member:  Friend:  Other:

Relationship to the patient (Husband/wife/son/daughter etc.): \_\_\_\_\_

### C. Professionals/Others – please fill out your details in sections B above and here:

I am a healthcare professional (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Reason for joining PSPA Ireland: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An annual Membership Fee applies. We depend entirely on membership & donations and receive no funding from any statutory body. 100% of donations goes back into our work for PSP/CBD in Ireland. Further information is available.

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