

Datasheet

FOLKS
3 Stone Buildings (Ground Floor)
Lincoln's Inn
London
WC2A 3XL
United Kingdom



LKS Child Details

LKS Child

Surname:

Forename(s):

Date of Birth:

Parent(s) / Carer(s)

Surname:

Forename(s):

LKS Child's Siblings

Surname(s):

Forename(s):

Age(s):

Contact Details

Address:

Postal / Zip Code:

Country:

Home Tel No:

Work Tel No:

Mobile Tel No:

Fax No:

Email Address:

Best Contact Time:

FOLKS is registered under the UK Data Protection Act - Reg. No. X3934029. Any information supplied on these forms will be kept in the strictest confidence and used only for registered purposes being the pursuit of FOLKS' objects (being the relief of persons affected by LKS and related disorders; to advance the education of the medical profession and the general public on the subject of LKS and its implications for the family; and to promote research into LKS, to publish the results thereof, and to support organisations providing research into LKS), the provision of consultancy and advisory services, the undertaking of research and statistical analysis, administration and fundraising.

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Medical Details

LKS

Age of Onset:

Age of Diagnosis:

Suspected Causes

Birth Related / Viral Related / Vaccine Related

Other (please specify):

Seizures

Type:

Frequency:

Medications

Current:

Past:

Behaviour Problems: Mild / Moderate / Severe / Very Severe

Communication Problems: Mild / Moderate / Severe / Very Severe

Speech Deficit: Mild / Moderate / Severe / Very Severe

Motor Difficulties: Mild / Moderate / Severe / Very Severe

Surgery: Y / N (Details):

Other Treatments: Y / N (Details):

Speech Therapy: Y / N (Details):

Adult Support: Y / N (Details):

Doctors

Name(s):

Hospital:

Educational Details

School

Name:

Type:

UK Only

LEA Name:

Stated: Y / N

If you consent to the release of your Name, Address, Tel / Fax Nos and Email address to other LKS parents, please tick this box:

Signature:

Date:

Please print out, complete, & return this form to the address above.

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