



Voice: 404.793.7800
 Fax: 866.744.5665
 www.vmpgenetics.com

PATIENT-TEACHER REGISTRY INTAKE

You may fill this out form online on our website (non-secure) or please fill out this form and send to:
 Fax (secure) - 866.744.5665
 Email (non-secure) – PatientTeacherRegistry@vmpgenetics.com

The following information will be the stored in the patient-speaker database. Your information will not be publicly available and will be housed internally for VMP's ability to contact you should a speaking opportunity arise. Please feel free to reach out with any questions or concerns regarding the use of your information at PatientTeacherRegistry@vmpgenetics.com.

Patient's Name:	
Primary Metabolic Diagnosis:	
Secondary Metabolic Diagnosis:	
Full Name of Person Speaking:	
If speaker is different that Patient, relationship of person to Patient:	
Full address of speaker (City, State, Zip):	
Phone Number:	
Email Address:	
Experience with public speaking? Please provide any details such as when and in what format.	
Willingness to travel:	<input type="checkbox"/> Drive less than 2 hrs <input type="checkbox"/> Drive more than 2 hrs <input type="checkbox"/> Travel overnight <input type="checkbox"/> Travel by plane or train
Has your family story been recorded before? If so, where can it be found?	
Are you on any speaker's bureau? Name of company or foundation.	
Would you be interested in having your story recorded?	



Voice: 404.793.7800
Fax: 866.744.5665
www.vmpgenetics.com

<p>Do you have photos or videos that you would be comfortable including in future recordings?</p>	
<p>Have you filled out and submitted our Patient-Teacher Consent form?</p>	
<p>Any other pertinent info you wish to share:</p>	