

Information for: _____

Date: _____

Current Medications including dosages. Please include any supplements/herbal/over-the-counter medications:

Other medical diagnosis (such as hypertension, diabetes, pulmonary diagnosis, malignancies, Parkinson disease, stroke, seizures, etc.)

Surgical interventions and approximate year of such intervention (such as splenectomy, cardiac intervention, etc.):

Gaucher Disease specialist contact information:

Dr. _____

Office phone:

Fax number:

Email address:

BASIC INFORMATION ABOUT GAUCHER DISEASE CAN BE FOUND AT www.gaucherdisease.org/about-gaucher-disease/

Clinical study contact information:

Clinical study:

Study contact person:

Dr. _____

Contact number:

Fax number:

Email: