(Please save the PDF form after completing it)

PFS Patient Support Program

If you suffer from post-finasteride syndrome and would like to connect with other PFS patients for advice and/or support, please complete this form and email it to social@pfsfoundation.org

1. Name _____

2. I am… (select one only):

☐ a PFS patient in need of immediate support/advice from other PFS patients

☐ a PFS patient who is willing to help others patients if/when need be

3. Age _____

4. Approximately how long did you take finasteride?

_____ years and/or _____ months

5. Approximately when did you stop taking finasteride?

(month) _____ (year) _____

6. Location

City and state (if living in the U.S.) _____

City and country (if living outside the U.S.) _____

7. Connection request

If you live in the U.S., we will first search for other PFS patients in your own state. If we have no such patients on file in your state, we will search for other PFS patients in adjacent or closest states. If you live outside the U.S., we will first search for other PFS patients in your own country. If we have no such patients on file in your country, we will search for other PFS patients in adjacent or closest countries.

For the initial search, I would like to be connected with…

☐ up to 5 PFS patients ☐ up to 10 PFS patients

☐ up to 20 PFS patients ☐ 21 or more PFS patients

8. Contact info

I wish to be contacted via (select as many as apply)…

Email: ☐ My email address is: _____

Telephone: ☐ My phone number is: _____

Skype: ☐ My Skype address is: _____

9. Date (month) _____ (day) ____ (year) _____

CONFIDENTIALITY

I understand that, upon submitting this form to the PFS Foundation, I agree to allow the foundation to distribute the information contained herein to other PFS patients as directed above. The foundation will not publish or otherwise disseminate any personally identifiable information without my written consent.

_____
Signature of PFS patient

If you have any questions, please contact:

Philip Roberts
Patient Manager
PFS Foundation
proberts@pfsfoundation.org
(856)425-6046

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