

## POHA Patient Information Form

POHA would like to compile an up to date list of POH patients and their families.  
Please complete and return to:

POHA

5 Gladiola Lane

Lumberton, N.J. 08048

All information will be kept strictly confidential, unless you indicate you would be willing to have the POHA list you as a contact person.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email \_\_\_\_\_ Fax \_\_\_\_\_

Are you the ( ) POH Patient ( ) Parent ( ) Other ( )?

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age of diagnosis \_\_\_\_\_

Location of extra bone and is the patient limited in any way?

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Are there any other family members diagnosed with POH or AOH?

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Are you interested in learning how to raise awareness of POHA within your community? Yes ( ) No ( )

Are you interested in fundraising to help find a cure for POH? Yes ( ) No ( )

When others with POH contact us would you be willing to speak with them if they have questions? Yes ( ) No ( )

Who diagnosed the patient diagnosed and by what means?

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**If you have any further questions or care to speak to someone personally please call (614) 887- POHA (7642)**