



Register to participate in the Amputee Communicator Forum

The following documents need to be completed before access to the group will be permitted.

- 1) Amputee Communicator Forum Registration Form
- 2) Physician Confirmation Form

Once the documents have been received by the ACA, you will be contacted via email with instructions on how to access the Forum.

Instructions:

Please print and complete the Amputee Communicator Forum Registration Form and the Physician Confirmation Form. Return both by mail to the following address:

**The Amputee Coalition of America
Attn: Molly Moore
900 E. Hill Avenue, Suite 205
Knoxville, TN 37915**

By submitting these registration forms, I understand and accept the terms, conditions, and confidentiality statement for the ACA Amputee Communicator Forum. I further understand that the Forum is an educational and informational support program and that the administrator reserves the right to temporarily or permanently remove any participant from the Forum for inappropriate conduct.

All information is confidential and used for contact and data collection only.



Communicator Registration Form

PLEASE PRINT

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: _____

Date of Birth: _____ Date of Amputation _____

PLEASE CIRCLE YOUR ANSWER

Male or Female

Race/Ethnicity: African- American, American Indian, Asian, Hispanic, Latino,

Caucasian, Other: _____

Amputation Level: Below Elbow, Above Elbow, Below Knee, Above Knee, Bilateral Upper, Bilateral

Lower, Other: _____

Reason for Amputation: Congenital, Cancer, Diabetes, Disease related, Infection, Trauma, Vascular,

Other: _____

Are you a Veteran? Yes or No

How did you hear about the ACA Online Support Group? Internet, Friend, Prosthetist, Health Care

Provider, Support Group, Publication, Other: _____

Are you attending a local Support Group? Yes or No

If no, why not? No group in area, no transportation, physically unable to attend, time or date doesn't

meet needs, group doesn't meet needs, Other: _____

Comments: _____



Physician Confirmation Form

In an effort to protect your rights and privacy, the ACA wants to ensure that all online support group participants are amputees. Therefore, it is required that you complete and sign the "Physician Confirmation Form" indicating that you are an amputee and giving ACA permission to contact your physician or prosthetist. Please be sure to fill out the form completely, including your physician or prosthetists signature as well as your own, and return it to the following address:

**The Amputee Coalition of America, Attn: Molly Moore,
900 E. Hill Ave. Suite 205, Knoxville, TN 37915**

Participant Information

Participant Name (Please Print) _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Date of Birth _____

I hereby authorize the ACA to contact my physician or prosthetist to confirm that I am an amputee. This is only to be used in conjunction with the ACA online support group. I understand that this group is for educational and support uses only and for people with limb differences.

X _____

Participant Signature

Date

Physician/Prosthetist Information

Physician/Prosthetist Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

I, _____, verify that _____

(Physician Name)

(Participant Name)

is an amputee or has limb differences.

X _____

Physician/Prosthetist Signature or Stamp

Date