

Fibromyalgia Network Support Group Questionnaire

If you would like to be added to our referral network, please complete this form and return it to Fibromyalgia Network, PO Box 31750, Tucson, AZ 85751-1750, or fax to (520) 290-5550.

Your Name: _____ Date: _____

Support Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Fax: (_____) _____ Website: _____

Check here to have e-mail / Website listed on referral sheet

Are you taking over an existing group? Yes No, I am starting a new group.

If yes, who was the previous leader: _____

Is there a fee or suggested donation to attend your support group? Yes No

If yes, please indicate amount: \$ _____ per _____

My support group is affiliated with: _____ Arthritis Foundation _____ Hospital
_____ CFIDS Association _____ Non-profit organization: _____
_____ Clinic _____ None of the above

How often are group meetings? _____ Average number of people at meetings? _____

Does your support group mail or distribute any published materials? Yes No

If yes, please indicate what types of materials: _____

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By signing this form, I give the Fibromyalgia Network permission to add my name, address, and phone number to their referral network. In addition, I acknowledge that referrals are added and removed at the discretion of Fibromyalgia Network. I believe that FMS and CFS fall into the same family of syndromes and I am eager to assist people with either diagnosis.*

Signature _____

Date _____

**The Fibromyalgia Network serves both FMS and CFS diagnosed patients, therefore, we cannot predict which diagnoses they will have when we refer them to you.*

Fibromyalgia Network • PO Box 31750 • Tucson, AZ 85751-1750 • (800) 853-2929 • www.fmnetnews.com

For office use only: Date received: _____ Date added: _____ Date removed: _____

Notes: _____

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