Dear AHC Families,

Welcome to AHCF! Thank you for inquiring about us and sharing your information with us.

Feel free to add any pertinent data with regard to your family and other comments you have as well.  All information provided is strictly confidential and will be used for Foundation business in accordance with our confidentiality and privacy policies. We truly appreciate you taking the time to do this!

Father’s Name:

Mother’s Name:

Address:

Divorced?

Step Parent’s Name:

Step Parent Address:

Home Phone:

Mom’s Cell Phone:

Dad’s Cell Phone:

Mom’s Email Address:

Dad’s Email Address:

Full Name of AHC Child:

Date of Birth:

Deceased/Date:

Age when diagnosed with AHC:

Hemiplegia?

Dystonia?

Nystagmus?

 Seizures?

Age at onset of seizures if yes:

Other Medical Conditions:

Flunarizine, yes/ no/ dose:

Other Drugs:

Neurologist Address/Phone number:

Pediatrician or PCP Address/ Phone Number:

Siblings Names/dob:

Does your child have the ATP1A3 gene? (Yes, No or Don’t Know)

Are you part of the AHCF Clinical Registry at the University of Utah? (Yes, No or Don’t Know)

Is your DNA stored in the Utah Biobank? (Yes, No or Don’t Know)

Are you registered in any other Medical Data Base? (Yes, No, or Don’t Know) If so where?

Any Other Information You’d like us to be Aware of?

Additional Contact Information:

Do you want to be included in the AHCF Data Base? (Yes or No)

Do you want to receive emails from AHCF? (Yes or No)

Many Thanks!! Lynn, Carol & Sharon

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Sharon [sharon@ahckids.org](sharon%40ahckids.org)