

The Oley Foundation Membership Form

All Oley services and educational materials are FREE for consumers and their caregivers.
If you would like to make a tax-deductible contribution go to www.oley.org and choose the "Donate!" menu.
Please note: if you have already donated using the donate now button on our home page this will be a *second* donation.

Knowing this information will help Oley network consumers more effectively and better raise money for programs like the LifelineLetter, Toll-Free Hotline, Annual Conference, and RC Network ! To simplify things, there are LESS THAN 10 QUESTIONS.

** These are required fields to submit the membership form*

New Membership

Membership Renewal ([check here to update your membership information](#))

1. Contact Information (please print clearly)

* Consumer/Patient Name

Caregiver Name (if applicable)

* Address

Address2

* City

* ST

* Zip

* Phone

Fax

* E-mail

2. How Did You Hear About Oley?

Internet/WWW Discharge Planner Homecare Company

Physician/Nurse Friend/Family Member Other

3. Consumer/Patient Information

Date of Birth

Sex Male Female

Began HomePEN Therapy

Therapy HPN Enteral Tube-fed Both

Medical History

4. Diagnosis/Primary Reason for HomePEN

- AIDS (279.19)
- Cancer
- Chronic Adhesive Obstruction (560.81)
- Congenital Bowel Defect, at birth (751.5)
- Crohn's Disease (555.9)
- Ischemic Bowel Disease, mesenteric infarct (557)
- Malabsorption (579.9)
- Malrotation of the Gut (751.4)
- Motility Disorder, pseudo-obstruction (564.8)
- Physical Trauma or Accident (759.8)
- Radiation Enteritis (558.1)
- Swallowing Disorder Stroke (436)
- Ulcerative Colitis (556)
- Other

Is your colon in continuity? Yes No

Approximate length of residual bowel

Have you ever been transitioned (HPN to HEN or HEN to HPN)?

- Yes No

5. Do You Want To Communicate With Other Consumers?

- Yes No

6. If an opportunity to participate in a research study arises, are you willing to be contacted by an investigator?

- Yes No

7. What topics would you like additional information on?

- Insurance Legislation Travel tips Pain Management
- Caregiver Issues Human Interest Stories Coping Transplant
- Pediatric Issues Diarrhea Therapy Complications

Other

8. Send me the *LifelineLetter* via Email? (Email copies arrive sooner and reduce Oley's postage costs)

- Yes No

9. **Interested in meeting other patients?** Check out the "Meet Patients" section of our website which features regional volunteers with their contacting information , phone volunteers just a toll-free call away, our chat forum and patient profiles.

10. **Who is your homecare provider?**

- American Home Patient
- Apria Healthcare
- Coram Specialty Infusion Services
- Home Medical of America
- Nutrishare
- ThriveRx
- Walgreens

Other Company Name

Company Phone

Complete one or both sections depending on your nutritional needs

TPN Consumers

11. **Type/Brand of Catheter (Check one type and maker)**

Catheter Type

Implanted Port GROSHONG® Catheter HICKMAN® Catheter BROVIAC® Catheter

Cook Catheter PICC Line

Other

Manufacturer

Arrow Becton-Dickinson C.R Bard Cook Critical Care. B.Braun/McGaw Deltec

Other

12. **Brand of Pump (Check one or more as applicable)**

Sabratek (i.e. Sabratek 6060, 3030 etc.)

Abbott Labs. (i.e. Abbott AIM, Provider One)

Deltec (i.e. CADD)

Curlin

Other Brand Name

EN Consumers

11. Type/Brand of Tube (Check one type and maker)

Tube Type

G-Tube J-Tube Button Other

Manufacturer

Ross Ballard Bard Other

12. Brand of Pump (Check one or more as applicable)

- Abbott Labs (i.e. Companion, Flexiflo, Patrol)
- Kendall Healthcare (i.e. Kangaroo, Kangaroo Pet)
- Moog (i.e. Enteralite, EnteralEZ, Infinity)
- Other Brand Name

13. Brand of Formula (Check one)

- Abbott (i.e. Ensure, Osmolite, Jevity, Pediasure, etc.)
- Nestlé (i.e. Replete, Peptamen, Vivonex, Complete, Isosource etc.)
- Other Brand Name

Note: HICKMAN®, BROVIAC®, and GROSHONG ® are registered trademarks of C.R.Bard, Inc and its related company BCR, Inc.

Send your completed form

- by email to: harrinc@mail.amc.edu
- by fax to: (518) 262-5528
- by US Mail to:
The Oley Foundation
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Albany Medical Center
Albany, NY 12209

Questions? Call (800) 776-OLEY