NEBRASKA PARKINSON'S DISEASE REGISTRY
Voluntary Individual Report

(Please Print)

Name: _____
(First) **(MI)** **(Last)**

Social Security Number: _____

Gender: **(Circle One)** **Male** **Female** **Date of Birth:** _____

Address at time of Diagnosis: _____

_____

Current Address: _____

_____

Date of Diagnosis: **Month** _____ **Day** _____ **Year**_____

Physician Name & Address:_____

_____

As provided by Neb. Rev. Stat. § 81-6,102 I am herewith filing a voluntary report of my diagnosis of Parkinson's disease with the Department of Health and Human Services.

_____
(Signature)

_____
(Date)

Complete and return this form to:

Jill Krause
Department of Health and Human Services
Public Health/Health Statistics
PO Box 95026
Lincoln, NE 68509-5026

To request this form or for further information regarding the Nebraska Parkinson's Disease Registry, contact Jill Krause at (402) 471-8582 or jill.krause@nebraska.gov, or visit the website www.dhhs.ne.gov/parkinsons.