National MPS Society
Physician Information Survey

The National MPS Society is excited to begin the first phase in building our Physician Database. Our goal is to help connect our membership with knowledgeable physicians who have experience treating patients with MPS and ML.

We need your help to create our physician database. Please share your MPS medical team information so that we can create a searchable database on our website for everyone's use.

Please share this survey with the person in your family that is the most involved with the medical care of an individual with MPS.

Please contact Alison Blue, Program Director with any questions:
alison@mpssociety.org 919.806.0101.

We would prefer that you complete the survey on line at **https://www.surveymonkey.com/r/MPSMDSURVEY**. If you prefer to mail in paper surveys, please make additional copies of the form for each medical professional you are including. Mail completed copies to:

National MPS Society
MD Survey
PO Box 14686
Durham, NC 27709

Please enter details for one physician per form. If you need additional forms, please make copies prior to starting. To complete this survey electronically, please go to: https://www.surveymonkey.com/r/MPSMDSURVEY

Please make additional copies to complete one form for each of the members on your medical team. Mail completed copies to National MPS Society, MD Survey, PO Box 14686, Durham, NC 27709

Family Name (optional) ____

Email and Phone (optional) ____

Individual with MPS or related disease: ___________________ **Diagnosis:** _________________

I am willing to talk with others regarding our medical team experience: _____ Yes _____ No

Physician Name: _________________________ Medical Institution: _________________________

Physician Address: ____

Physician Telephone: ____

Physician Email: ____

Medical Specialty: Please select one

- ☐ Allergist or Immunologist
- ☐ Anesthesiologist
- ☐ Cardiologist
- ☐ Dietician/Nutritionist
- ☐ Dentist
- ☐ Dermatologist
- ☐ Ear Nose Throat
- ☐ Endocrinologist
- ☐ Endocrinology and Metabolism
- ☐ Gastroenterologist
- ☐ Geneticist
- ☐ Hospice Care
- ☐ Hematologist/Oncologist (HSCT Specialist)
- ☐ Internal Medicine Physician, Primary Care
- ☐ Naturopathic
- ☐ Nephrologist
- ☐ Neurological Surgeon
- ☐ Neurologist
- ☐ Obstetrician/Gynecology
- ☐ Occupational Therapist
- ☐ Ophthalmologist
- ☐ Oral Surgeon
- ☐ Orthopedic Surgeon
- ☐ Otolaryngologist
- ☐ Pain Management
- ☐ Palliative Care
- ☐ Pediatrician
- ☐ Physical Therapist
- ☐ Psychiatrist
- ☐ Pulmonologist
- ☐ Radiologist
- ☐ Rheumatologist
- ☐ Other- Please Specify
- ☐ ____________________

Surgeries or Procedures with this Physician

- ☐ Ankle/Foot Surgery
- ☐ Cardiac Valve Replacement
- ☐ Carpal Tunnel Surgery
- ☐ Clinical Trial Participation
- ☐ Cornea Transplant
- ☐ Ear Tubes
- ☐ Enzyme Replacement Therapy
- ☐ Feeding Tube
- ☐ Heel Cord Release
- ☐ Hernia
- ☐ Hip Surgery
- ☐ HSCT
- ☐ Knee surgery
- ☐ Neurological Surgery
- ☐ Oral Surgery
- ☐ Port Placement
- ☐ Shoulder Surgery
- ☐ Spine Surgery
- ☐ Tonsil and Adenoid removal
- ☐ Other- Please Specify
- ☐ ____________________

Other details you wish to share:

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