



# Patient Services Survey 2017

As a Myasthenia Gravis patient, we would like to ask you to complete and return this survey. Your response will assist us with future planning as well as maximizing the quality of our existing programs. In addition, your input will help us to determine where and when to schedule Information and Support Meetings in 2018. It will also tell us how you would prefer to receive future communications. All information that you provide will remain confidential.

Please check all that apply and feel free to add comments (PLEASE PRINT CLEARLY). Thank you

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Diagnosed Date \_\_\_\_\_

- I prefer to receive announcements, meeting notices and newsletters via email instead of postal mail.
- I would like to connect with other patients:
  - at support meetings near me
  - through email or by phone
  - on facebook
  - a statewide meeting
- I give MG-MI permission to give my contact information to patients interested in connecting with other patients. Your signature and date: \_\_\_\_\_

**I would likely attend information/support meetings in** (check those that apply):

Cadillac  Flint/Saginaw  Grand Rapids  Jackson  Kalamazoo  Lansing  Livonia

Marquette  Muskegon  St. Joseph  Traverse City  Other \_\_\_\_\_

**I would likely attend meetings in my area:**  once a year  twice a year  quarterly

**With the assistance of MG-MI, I am willing to coordinate a meeting in:** \_\_\_\_\_ (area)

**I would likely attend meetings as indicated below:**

1-  Jan.  Feb.  March  April  May  June  July  August  Sept.  Oct.  Nov.

2-  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

3-  Morning (9 a.m. or 10 a.m. start)  Afternoon (2 p.m. start)  Evening (6 p.m. or later start)

**Topics/subjects that interest me:**  Personal Medical Record Keeping  Insurance Coverage

Medical Power of Attorney and Living Wills  information for my local EMT  Advocacy

Nutrition/Exercise  Alternative Approaches  Living with a Chronic Illness  Neurologist Q & A

Caregiver Concerns  Patient Panel  Co-conditions  Brain Health and Neurological Diseases

Ocular only MG  Generalized MG  Treatment Choices  Research Updates

Additional Topics: \_\_\_\_\_

Suggestions for events or fundraisers: \_\_\_\_\_

Heading south during the winter months? Please give dates and an address to receive mail while away: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Please return completed survey to:**

Myasthenia Gravis Foundation of Michigan  
2660 Horizon Dr. SE, Suite 235 Grand Rapids, MI 49546-7933