The Anti-NMDA Receptor Encephalitis Foundation Inc.

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e: info@antinmdafoundation.org | **w:** antinmdafoundation.org

Partner Physicians Information Form

Note: Please save the form to your computer first, then fill it out.
Complete the form and save the changes before emailing. Once completed email to: **info@antinmdafoundation.org**

Full Name _____
First and last name

Medical Speciality _____

Patient Type(s) ☐ Adult ☐ Pediatric

Hospital Affiliation _____

Address _____

Phone Number _____ Fax Number _____

Web Address _____

Academic Degree(s) _____ Academic Title _____
eg MD, PhD

Email Address (not public) _____
This will never be shared without your consent and is solely for the use of communication between the Foundation and you.

Your CPSO# _____

Other pertinent information you wish to share with us:

Please complete the section for Experience Diagnosing and Treating Patients with autoimmune encephalitis:

- ☐ anti-NMDA
- ☐ AMPAR
- ☐ Antibody-negative AE
- ☐ CASPR2, LGI1
- ☐ GABA
- ☐ GAD65
- ☐ Glycine receptor
- ☐ Hu, Yo, Ma or other onconeuronal antibody AE
- ☐ mGluR1
- ☐ mGluR5
- ☐ Other AE

If you have any questions please contact us at:
info@antinmdafoundation.org

Thank you!