

ANRES Registration Form for Individuals with Environmental Sensitivities



By completing this form you are assisting in the collection of the numbers of individuals in Australia who are suffering with the disability that Environmental Sensitivities conditions such as MCS, EHS, CFS, Lyme disease and so forth incur in their lives. **Your information will be kept private and secure.** If you leave an email address your registration information will be included in a confirmation email.

The data collected will provide the background evidence needed to highlight that actions are needed to alleviate the suffering many individuals endure.

Name: (optional) _____

Email: (optional) _____

Year of Birth: _____ **Gender:** Male Female

State: _____ **Postcode:** _____

Do you have...? (more than one box can be checked)

- MCS - Multiple Chemical Sensitivity
- CFS/ME - Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis
- EHS/ES - Electromagnetic Hypersensitivity/ Electro-sensitivity
- Lyme Disease and/or its co-infections
- Biotoxin-related illness
- Fibromyalgia
- Food Sensitivity
- Fragrance sensitivity
- Other. Please specify _____

In which year did your condition develop: (if known) _____

Have you been provided with a diagnosis from a medical practitioner? Yes No

Do you have difficulty or suffer hardships in any of the following areas due to your condition/s?
(more than one box can be checked)

- Medical Care
- Housing
- Employment/ Income
- Education
- Social Services
- Accessing Public Buildings
- Relationships/ Social interactions
- Other. Please specify _____

Comments: (please use over the page if required)



Please return the completed form to 366 Rathdowne Street Carlton North VIC 3054