



WM. K. WARREN
MEDICAL RESEARCH CENTER
 FOR CELIAC DISEASE

Application for Celiac Disease Screening Program

APPLICANT INFORMATION [please print]

Today's Date: _____

Name: _____

Date of Birth: _____

Email address: _____

Gender: Male Female

Home Address: _____

Telephone #(s): _____ Type: Home Cell Work

_____ Type: Home Cell Work

_____ Type: Home Cell Work

How did you hear about the Warren Celiac Center screening program?

Please provide a reason for why you want to be screened for Celiac Disease.

RISK FACTORS (check all that apply to you):

I have a family member with celiac disease.

If yes, please provide relationship (i.e. father, mother, sister, brother, uncle, etc): _____

I have chronic gastrointestinal complaints, such as abdominal pain, bloating/gas, diarrhea, constipation, or unexplained weight loss.

If yes, please specify most bothersome symptom(s) _____

I have non-gastrointestinal complaints associated with celiac disease such as (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Sjögren's Syndrome | <input type="checkbox"/> Autoimmune thyroid disease |
| <input type="checkbox"/> Type I Diabetes Mellitus | <input type="checkbox"/> Iron deficiency or anemia where the cause is unknown |
| <input type="checkbox"/> Unexplained Infertility/miscarriages | <input type="checkbox"/> Dermatitis Herpetiformis (a blistering, itchy skin rash) |
| <input type="checkbox"/> Osteoporosis or bone disease. If yes, please provide age at diagnosis _____ | |
| <input type="checkbox"/> Liver disease, either autoimmune or primary biliary cirrhosis or unexplained cause for abnormal liver tests | |

DIRECTIONS

Return completed application by **JUST ONE** of the following methods

<p>EMAIL Send as an e-mail attachment to celiaccenter@ucsd.edu (Please change filename to include your last name.)</p>	<p>FAX Send to (858) 534-5691 (A cover sheet is not necessary.)</p>	<p>REGULAR MAIL- Send to: UCSD - Warren Celiac Center Attn: Screening Program 9500 Gilman Drive, MC0623D La Jolla, CA 92093-0623</p>
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