



**TOFS**

# Tracheo- Oesophageal Fistula Support

supporting the  
families of children  
born unable to  
swallow

**Address**

TOFS  
St George's Centre  
91 Victoria Road  
Netherfield  
Nottingham  
NG4 2NN

**Telephone**

0115 961 3092

**Fax**

0115 961 3097

**Email**

office@tofs.org.uk

**Website**

www.tofs.org.uk

**Registered charity number**

327735

**Company number**

2202260

**Medical Patrons**

Raymond Buick MB Bch FRCS  
James Dickson FRCS FRCSE FRCPCH  
Bruce Jaffray BMedBiol ChM FRCS  
(Glas) FRCS (Paed)  
Leela Kapila OBE FRCS  
Paul Losty MD FRCS (Paed)  
Gordon A MacKinlay FRCSEd FRCS  
Agostino Pierro MD FRCS(Eng)  
FRCS(Ed) FAAP  
Charles Shaw-Smith MRCP PhD  
Lewis Spitz PhD FRCS

**Non-Medical Patrons**

Richard Briers OBE CBE  
Dennis Foxon BA  
David Griffiths MA (Oxon)

## Parents membership application

Please print clearly and supply international dialling codes if you are overseas

**Child** First name & initials: ..... Surname: .....  
Boy/girl?: ..... Date of birth: .....

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**Mother** Title: .....  
First name & Initial: ..... Surname: .....  
Occupation: .....  
Tel (daytime): ..... Tel (evening): .....  
Email: ..... Mobile: .....

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**Father** Title: .....  
First name & initial: ..... Surname: .....  
Occupation: .....  
Tel (daytime): ..... Tel (evening): .....  
Email: ..... Mobile: .....

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Address for correspondence: .....  
.....  
..... Postcode: .....

Do you have a family website? http:// .....

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*All the above details will be treated in confidence and will not be passed on without your consent.*

Can we pass your name and address on to other TOF families? Yes/no: .....

Can we use you family details in our CHEW newsletter? Yes/no: .....

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### Membership

*Please sign below to indicate that you would like to become a member of TOFS.*

*TOFs is entirely reliant on charitable donations to continue our activities. Our membership fee is £15 per family (£30 for overseas families) however if you think you may have difficulty with this amount please do not hesitate to contact us.*

Signature: ..... Date: .....

*Please complete this form and return it to:*

TOFS, St George's Centre, 91 Victoria Road, Netherfield, Nottingham NG4 2NN

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### For Office Use Only

Date received: .....  Chew Informed  Acknowledgement

TOFS membership no: .....



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## Child's details

First name(s): ..... Male/female: .....

Surname: .....

Date of birth: ..... Birthweight (in kg): .....

Was your child (please tick):

- Full term
- Premature, by how much?: .....
- Overdue, by how much?: .....

At which hospital(s) did your child have surgery?:

.....  
.....

Name of Surgeon(s): .....

.....

Was your child born with (please tick):

- |  |   |
|--|---|
| <input type="checkbox"/> Oesophageal Atresia         | <input type="checkbox"/> VACTERL          |
| <input type="checkbox"/> Tracheo-Oesophageal Fistula | <input type="checkbox"/> Imperforate Anus |
| <input type="checkbox"/> Renal defects               | <input type="checkbox"/> Heart defects    |
| <input type="checkbox"/> Skeletal defects            |   |

*Please add information if you wish.*

Please use this space to provide details of any other conditions with which your child was born:

.....

### Siblings

Please let us know of any brothers and sisters: ..... Twin? Yes/no: .....



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**Child's details continued**

Please provide as many details as possible with regard to your child's past and present condition, including type of surgery if known.

Have you any problems you would like help with?

*Please enclose another sheet if there is not enough room on this form.*

Would you like details of events in your area? Yes/no: .....

How did you hear about TOFS?: .....

*Thank you for your time, please do keep in touch with us.*

**www.tofs.org.uk**

*Visit the discussion forums for online support.*