



Foundation for Burns and Trauma

Burn Survivor Information

Today's date ____/____/ 20__

Please print legibly

Name of Burn Survivor _____ Gender (Male / Female)

Date of Birth ____/____/____ MM/DD/YY

Address _____
Street City State Zip

Home Phone # ____ - ____ - ____ Work # ____ - ____ - ____ Cell # ____ - ____ - ____

E-mail address _____

If burn survivor is a child under 18 years of age, print Parent/Guardian Name(s) _____

Burn History/Therapy

Place of hospitalization _____ Length of time _____

Date of burn ____/____/____ MM/DD/YY Percentage of body burned _____%

Parts of body burned/affected by treatment(s) _____

Cause of burn _____

I would like to be contacted about the programs and services offered by the Foundation for Burns and Trauma Yes No

I would like to receive information in English Spanish (circle one).

Signature _____ Date ____/____/ 20__

(if under 18 years of age, parent/guardian please sign)

Foundation for Burns and Trauma, Inc.
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Phoenix, AZ 85001

(602) 230-2041 phone #
(602) 230-2157 fax #

If you have internet access, please visit our website at www.azburn.org