Ménière's Society

**Health Professional Contact/Listing**



The Ménière’s Society maintains and publishes a list of health professionals who have a specialist knowledge of vestibular conditions. View the list on our website www.menieres.org.uk

This list is passed to GPs making a referral or individuals being referred for diagnosis/ treatment as well as those looking for an audiologist, hearing therapist or vestibular rehabilitation provider.

If you would like to add your details to this list, please complete both sections of this form and return it to the Ménière’s Society, The Atrium, Curtis Road, Dorking, Surrey RH4 1XA, or by email to info@menieres.org.uk. You can also use this form to amend your details at any time.

**SECTION 1 – YOUR DETAILS**

***Information in section 1 is for Ménière's Society use only***

|  |  |  |
| --- | --- | --- |
| Title: | □ Dr □ Mr □ Mrs □ Professor □ Other *(please state)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| First name: |  | |
| Surname: |  | |
| Job title/post held: |  | |
| Contact email: |  | |
| Contact telephone: |  | |
| Correspondence address: |  | |
| Specialism: |  | |
| Are you a Ménière's Society member?  *Please tick the relevant box* |  | Yes, I am a member and my membership number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Yes, my organisation is a member. Membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No, please send me details about individual/organisation membership |
| Date form completed: |  | |

**How may we contact you?**

At the Ménière's Society we take your privacy seriously. Your data is stored securely and we will never share your details with any organisation without seeking your consent. Please let us know how we can contact you and what you would like to hear about. View our Privacy Policy at www.menieres.org.uk

**I am happy to hear from the Ménière's Society by:** 🞎 **Post** 🞎 **Email** 🞎 **Telephone**

*Tick all that apply. Please make sure you have provided the relevant contact details, above.*

**I would be interested in helping the Ménière's Society in the following way** *(tick all that apply)***:**

🞎 Health Professional list *please complete Section 2*

🞎 Writing article(s) for our magazine, Spin

🞎 Writing factsheet(s)/content for website

🞎 Peer reviewing research applications

🞎 Supporting a local group

🞎 Speaker at Ménière's Society event/conference

🞎 TV/Radio interview / appearance

🞎 Guest post/live session on social media

🞎 Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 – YOUR HEALTH PROFESSIONAL LISTING**

***The information provided in section 2 will appear on a public list on our website. Please provide your details as you would like them to appear on our online list. A print version of the list will also be made available.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name and Role** | **Name and address of Hospital/Clinic** | **Is vestibular rehabilitation offered at this clinic?\*\***  ***Please circle Yes or No*** | **Please state if the hospital or clinic is an NHS or Private practice?** |
| *E.G. Professor A Professional*  *Consultant Otolaryngologist* | *E.G. New Hospital, 1 Hospital Way, Hospital Town, HO57 1TL* | *Yes / No* | *NHS* |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |

*\*\* It would also be helpful for us to know if the vestibular rehabilitation (VR) is conducted by a vestibular physiotherapist or other health professional (e.g. audiologist/ hearing therapist). This data is for information purposes only and won’t be included on the public list. Thanks for your assistance in this matter.*

You may photocopy this form to pass to colleagues if you wish.

If you have any questions, or require any further information, please get in contact with us: Telephone 01306 876883 or email info@menieres.org.uk

Thank you for supporting the Ménière's Society in this way.



**Ménière's Society**

for dizziness and balance disorders

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