



# Kawasaki Disease Foundation Aust.

PO Box 585  
Brentford Square  
VIC 3131

[info@kdfoundation.org.au](mailto:info@kdfoundation.org.au)  
[kdfoundation.org.au](http://kdfoundation.org.au)

The Kawasaki Disease Foundation Australia Inc is a not for profit registered charity that aims to provide support to those impacted by Kawasaki Disease. The Foundation also actively raises awareness within the community including health services and contributes to research via fundraising.

There is currently no national medical database of people that have been diagnosed with Kawasaki Disease in Australia as each hospital independently keeps their own records. As a not for profit charity, we do not have access to anyone's medical records.

By joining our membership database, we are able to maintain a confidential non-medical database of Kawasaki Disease information and trends within Australia, provide you with information on events, fundraising and research projects, and provide support to our KD community. We also keep you informed when there are requests to participate in research on KD, which you may be interested in pursuing.

There is no cost to become a member, and your personal information will not be shared with third party organisations without your consent.

If you'd like to join our member database, please complete the following information and return to [info@kdfoundation.org.au](mailto:info@kdfoundation.org.au), or via messenger on our Facebook page.

Please also connect with us social media by liking our Facebook and Instagram pages, and join our Facebook community network (closed support group).

- ♥ Facebook page: <https://www.facebook.com/kawasakidiseaseau/>
- ♥ Facebook support group: <https://www.facebook.com/groups/kdforumaustralia/>
- ♥ Instagram: <https://www.instagram.com/kdfoundationau/> or @kdfoundationau



**MEMBERSHIP APPLICATION FORM**

Date: \_\_\_ / \_\_\_ / 20\_\_

Your details		
Surname:		
First name:		
Address:		
	State:	Postcode:
Postal address:		
(if different from home address)	State:	Postcode:
Email:		
Phone:		
Preferred method of contact (please circle): Mail / Phone / Email / Facebook Messenger		

Details of person diagnosed with Kawasaki Disease
Surname:
First name:
Date of birth:
Age at diagnosis:
Date diagnosed:
Location at time of diagnosis e.g. Town/State:
Hospital(s) treated at:
Your relationship to person diagnosed:



**Please provide further information regarding diagnosis and treatment (optional)**

Please indicate which symptoms of KD were present:

- High temperature 5+ days
- Rash
- Bloodshot eyes
- Strawberry tongue/cracked lips
- Swollen lymph gland in neck
- Painful and swollen hands/feet
- Unsure

Was the diagnosis atypical (also known as incomplete KD)? Yes / No / Not sure

Did your child receive IVIG? Yes / No

- If yes, was IVIG administered within 10 days after the onset of symptoms? Yes / No
- If no, was IVIG administered more than 10 days after the onset of symptoms? Yes / No
- If yes, how many days after the onset of symptoms was IVIG administered?

Was there any coronary damage? Yes / Dilation / Aneurysm / Other / No

- If yes, please provide further information:

Has there been any improvement? Yes / No

- If yes, please provide further information:

What follow up has occurred / will occur?

Has there been any other health concerns you have noticed? Yes / No

- If yes, please provide further information:



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Your KD story - please provide any other information (optional)

Do you give consent for your KD story to be shared on the Kawasaki Disease Foundation Australia website or social media?

- Yes – consent to story and names being used
- Yes – consent to story being used but anonymous
- No

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / 20\_\_