



Patient Information Sheet

Patient Name: _____
 Last First M.I.

Name you wish to be called: _____

How did you hear about our study? (Referral, newspaper ad, etc.): _____

Address: _____
 Street City State Zip Code

Telephone: (H) _____ (W) _____ (Cell) _____

E-mail Address: _____

Please let us know how we may contact you with appointment reminders:

- At my telephone number(s) listed above (for cellular telephones, I understand I may receive text messages, but can always opt out by contacting PMG Research via telephone. Standard data and messaging rates may apply)
- At my e-mail address listed above

Please let us know how we may contact you with new study opportunities:

- At my telephone number(s) listed above (for cellular telephones, I understand I may receive text messages, but can always opt out by contacting PMG Research via telephone. Standard data and messaging rates may apply)
- At my e-mail address listed above
- At my address listed above

Social Security Number: ____/____/____ Birthdate: ____/____/____

Sex: () Male () Female Race: _____

Ethnicity: () Hispanic/Latino () Non-Hispanic/Non-Latino

Known Drug Allergies or Sensitivities (Include Reaction if known): _____

Personal Physician: _____



Emergency Contact Information:			
Emergency Contact: Name: _____		Relationship: _____	
Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Telephone: _____			

Have you ever participated in a research study? () Yes () No

If yes, what type of study: _____ When did you last participate? _____

I have received and agree to the terms of the Confidentiality Statement. () Yes () No

If No, comment: _____

(A copy of the Confidentiality Statement is always available upon request.)

Signature of Patient

____/____/____
Date