

Central Alabama Research
Registration Form
PLEASE PRINT

Demographics:

Name: _____ Date of Birth: _____ Age: _____

Email Address: _____

Male Home Phone: _____

Female Cell Phone: _____

Ethnic Origin: Hispanic Non-Hispanic

Race:

African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone Number: _____

Pharmacy Name & Number: _____

Participant Agreement

I understand that Central Alabama Research will not be providing investigational treatment for my condition unless I have signed a consent form and have qualified for and have entered into a research study. I also understand that if I do enter a study, I will only receive investigational treatment for the medical condition being studied.

Signature of Patient or legal guardian : _____ Date: _____