

Altus Research

4671 S. Congress Ave., Suite 100-B
Lake Worth, FL 33461

*Please print and complete as accurately as possible

Today's Date: ____/____/____

Name: _____ DOB: ____/____/____
Last First MI

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone #1: (____) _____ - _____ Phone #2: (____) _____ - _____

Male Female E-mail address: _____

Race: Caucasian African American Hispanic Asian Other: _____

Emergency contact (please print)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Participant Agreement:

I understand that Altus Research will not be providing investigational treatment for my medical condition unless I 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: _____ Date: _____

Referral Source: Radio Newspaper Television Word of Mouth Other: _____
(circle one)