

# 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)