

MEDICAL PROFILE QUESTIONNAIRE

To find out about research studies currently underway, see our Clinical Trials web page at www.wscrinc.com/trials.htm

Please fill out the following confidential medical profile to find out if you might qualify for one of our currently-enrolling research studies. You may also call us at **303-940-0909** or e-mail us at research@wscrinc.com for additional information or assistance. We look forward to hearing from you.

PRIVACY POLICY

The study coordinators and physicians at Western States Clinical Research, Inc. are required to maintain your privacy at all times. We will not provide personal or medical information to any other parties. If, after coming into our office and undergoing the informed consent process, you decide to enroll in a clinical research study, then some of your medical information will be used for study purposes, but your identity will remain protected.

PERSONAL MEDICAL HISTORY PROFILE

Mr. Miss Mrs. Ms.

Name: _____ Male Female

Email Address: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Age: _____ Date of Birth: _____

Are you currently enrolled in any studies: Yes No

Studies of Interest: (check all that apply)

- COPD Studies
- Asthma and Allergy Studies
- Dermatology Studies
- Ophthalmology Studies
- Gastrointestinal Studies

Current medical conditions: _____

Current medications: _____

Any additional information: _____
