

Laureate Clinical Research Group

To determine if you qualify as a study candidate for one of our studies, please print this form, complete and fax it to 678-781-3028. You are also welcome to drop it off at any of our office locations.

Name: _____ Date of birth: _____

Phone numbers:
(Day): _____ (Evening): _____ (Cell): _____

E-mail address: _____

Height: _____ Weight: _____ Gender: _____

If Laureate Medical Group Patient
Physician: _____ Office of Choice: _____

Please select type of clinical trial you may be interested in:

- | | |
|--|---|
| <input type="radio"/> Type I Diabetes | <input type="radio"/> Obesity |
| <input type="radio"/> Type II Diabetes | <input type="radio"/> Hypertension |
| <input type="radio"/> Osteoporosis | <input type="radio"/> High Cholesterol |
| <input type="radio"/> Osteoarthritis | <input type="radio"/> Hormone Replacement |
| <input type="radio"/> Rheumatoid Arthritis | <input type="radio"/> ED |
| <input type="radio"/> Other _____ | |

Please list all medication you are currently taking:
(Please include prescription, non-prescription, and herbal medication.)

Please list all current and past medical conditions, illnesses or surgeries:

Additional comments:

Thank you for your interest. We will be contacting you when appropriate studies are available.