



Research Intake Form

Our office provides clinical research programs which include physician office visits, diagnostic procedures, and study medication at no cost to those who qualify. In addition, patients will receive compensation for program participation. Please complete this form to help us to determine your level of interest in our research programs.

Name: _____ Today's Date: _____

Date of Birth: _____

Current Patient New Patient

Would you be interested in learning more about our current studies?

Yes No

What areas would you be interested in for current and/or future studies (please check all that apply):

- Knee Pain
- Hip Pain
- Fibromyalgia
- Neuropathy Pain
- Opioid Induced Constipation
- Shoulder Pain
- Low Back Pain
- Neck Pain
- Arthritis
- Headaches
- Sciatica
- Pain from Surgery / Injury
- Other: _____

May a Research Coordinator contact you to further discuss a study you may qualify for?

Yes No

If yes, please let us know your preferred method of contact:

Telephone (Please provide best contact number): _____

Email (Please provide best email address): _____

Thank you for taking the time to complete this form.