



**Texas Diabetes Institute**

**University Health System**

## Research Study Application

If you would like to participate in one of our studies, please fill out this application and fax it to 210-358-7235. We will provide information on the ongoing study of your interest and schedule an appointment for a screening visit.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How do you prefer to be contacted?

Home    Work    Cellular    Email    Fax

When is the best time to contact you?

Morning    Afternoon    Evening

Weight: \_\_\_\_\_ pounds   \_\_\_\_\_ kg

Height: \_\_\_\_\_ inches   \_\_\_\_\_ cm

Age: \_\_\_\_\_

Gender:    Male    Female

Do you have diabetes?

Yes    No    Don't know

Do you have a family history of diabetes?

Yes    No    Don't know

What type of diabetes do you have?

Type 1    Type 2    Gestational    Don't have diabetes    Don't know

Do you take medication?

Yes    No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Disclaimer: People other than the Texas Diabetes Institute may look at both medical charts and study records. Agencies that make rules and policy about how research is done have the right to review these records. So do agencies that pay for the study. Records can also be opened by court order. We will keep your records private to the extent allowed by law. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Your participation is completely voluntary and you have the right to refuse to be in this study. You can stop at anytime after giving your consent. This decision will not affect in any way your current or future medical care or any other benefits to which you are otherwise entitled.