StudyMetrix® Research

Timothy R. Smith, MD, RPh

3862 Mexico Road
St. Peters, Missouri 63303
636.387.5100
Fax: 636.317.1090
Recruitment@StudyMetrix.com
StudyMetrix.com

Welcome to StudyMetrix Research®! We are pleased that you will be participating in one of our clinical trails.

Enclosed is your New Patient Packet. Please prepare for your visit with us by completing the enclosed:

- **Patient Registration Form:** Please fill in the requested demographic information
- **Patient History Form:** Please fill in all applicable information

Completing these forms before your appointment will save time for you and our staff. We also ask that along with the completed paperwork that you bring an ID with you to your appointment.

We trust this information is helpful to you, and we welcome you to our practice. We look forward to meeting you at our first visit. Please arrive 15 minutes before the scheduled appointments time so that our staff may process the paperwork. If you need to cancel or reschedule your appointment, please call our office at 636-387-5100.

Sincerely,

Timothy R. Smith, MD and Staff of StudyMetrix Research, LLC

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Registration Form

Today's Date	Primary Physician

Patient Information

Legal Last Name	Legal First Name	Middle Initial
Nickname	☐ Male ☐ Female	Date of Birth
Address		
City	State	Zip
Home Phone	Cell Phone	Social Security No
Email Address	Alternative Email Address	
Occupation	Employer	Employer Phone No

Race ☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander ☐ Hispanic / Latino ☐ White

Ethnicity ☐ Hispanic / Latino ☐ Non Hispanic / Latino

Marital Status ☐ Married ☐ Life Partner ☐ Widowed ☐ Single ☐ Divorced

In Case of Emergency

Name	Relationship	
Home Phone	Cell Phone	Work Phone

How Did You Hear About Us?

☐ Friend /Family ☐ Physician ☐ TV ☐ Online Ad ☐ Print Ad ☐ Website ☐ Other _____

I, the patient, or legal guardian of the patient, certify that the information on this form is true to the best of my knowledge.

_____ _____

Patient / Guardian Signature Date

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Medical History Form

Patient Name	Date
Date of Birth	

Please list all medications your are currently taking, including all over the counter medications, supplements and vitamins:

Medication Name	Dose (mg) Per Pill	Times Taken Per Day	Approximate Start Date	Associated Medical Condition

Do you have any Medication Allergies or Intolerances? Please list medications:

Medication Name	Reaction	Year Of Reaction

Please list all past surgical procedures:

Type Of Surgery	Approximate Date (Year)

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Medical History Form

Patient Name	Date
Date of Birth	

Tobacco Use ☐ Yes ☐ No	If Yes, type?	Date Quit	
Pack per day?	How many years?		
Alcohol Use ☐ Yes ☐ No	If Yes, drinks per day?		
Drinks per week?	Drinks per month?		
Have you even had any problems with drug/alcohol abuse? ☐ Yes ☐ No			
If yes, please explain:			
Caffeine Intake ☐ Yes ☐ No	☐ Coffee/Tea _____ Cups/Day	☐ Soda _____ Cups/Day	

Do you have a current of past history of any of the following conditions? Check each box that applies:

☐ Diabetes	☐ High Blood Pressure	☐ High Cholesterol
☐ Heart Problems	☐ Kidney Disease	☐ Kidney Stones
☐ Angina	☐ Heart Murmur	☐ Stroke
☐ Epilepsy (seizures)	☐ Asthma	☐ COPD
☐ Emphysema	☐ Anemia	☐ Pulmonary Embolism
☐ Thyroid Disease	☐ Hepatitis	☐ Acid Reflux
☐ Depression	☐ Anxiety	☐ Seasonal Allergies
☐ Fibromyalgia	☐ Irritable Bowel Syndrome	☐ Insomnia/Sleep Disorder
☐ Liver Disease	☐ Neuropathy	☐ Spine Problems
☐ Arthritis	☐ Skin Disease	☐ Sleep Apnea
☐ Blood Clots	☐ Bleeding Disorder	☐ Other _____

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Research Database Authorization

Patient Name		Date of Birth
Address		
City	State	Zip
Home Phone	Cell Phone	Social Security No
Email Address		

StudyMetric Research® is dedicated to the future of research. We have obtained some of your demographics and health information which we will store in a secure database. This information will only be used to contact you for future study participation and it will only be accessed by authorized personnel working for StudyMetrix Research. Your information will not be shared with anyone outside of our organization.

This authorization is valid unless you choose to not be contacted. You can opt out by calling us at 636-387-5100, emailing us at recruitment@studymetrix.com or sending us a mailed correspondence at 3862 Mexico Road, St. Peters, Missouri 63303.

Printed Name	Signature	Date

Opt-in for Text Messaging and or / Emailing Appointment Reminders and Study Updates

In order to better serve you, we have implemented a text-messaging system. This system allow us to send you reminders in an easy to use format. For example, we may text you for reasons which may include, appointment reminders, daily updates about diary compliance, or to inform you of upcoming studies for which you may qualify.

By signing this form, you authorize StudyMetrix Research, LLC to send you text reminders or other messages to you mobile phone. Please keep in mind message and data rate form you carrier may apply for which StudyMetrix Research, LLC is not responsible. You may opt out of the service at any time by texting STOP to 636-362-6868 or by calling 636-387-5100. You may also send an email to recruitment@studymetrix.com

Cell Phone	Email Address

Printed Name	Signature	Date

Submit Completed Forms: recruitement@studymetrix.com

In case of emergency please call 911. If you have questions or concerns please contact our office at 636.387.5100, Email: recruitement@studymetrix.com, Text: 636-362-6868 or at www.studymetrix.com.

An experienced, dedicated, independent clinical trials center.