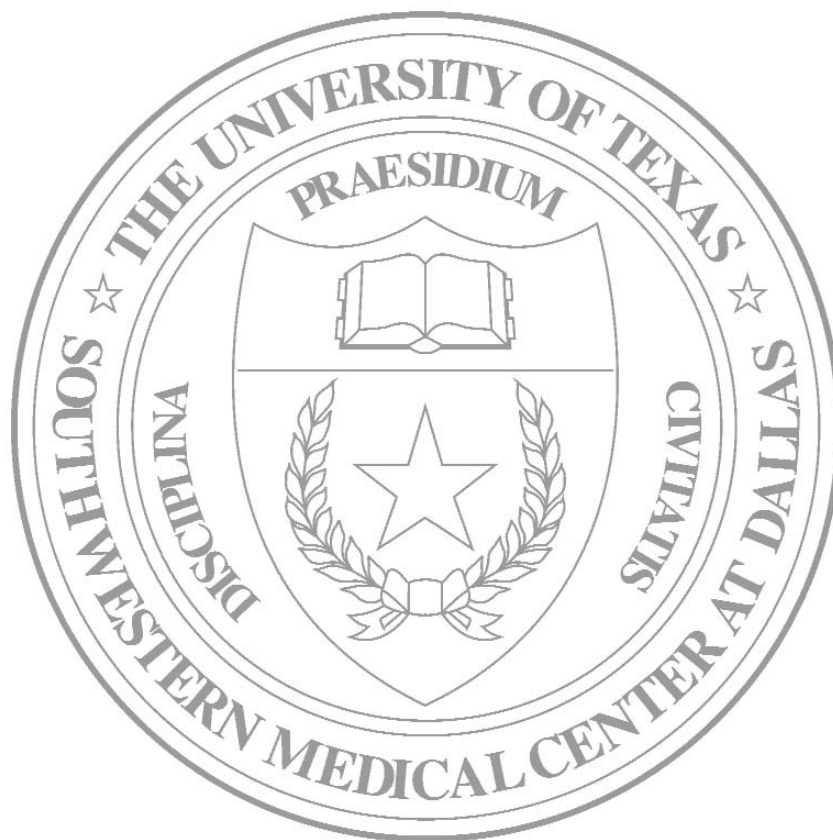


Application Form

UT Southwestern Gerontology Registry



Mail to: Dr. Heather Stieglitz
Department of Internal Medicine
Wold Center for Geriatric Care
5323 Harry Hines Blvd.
Dallas, TX 75390-8889

About the UT Southwestern Gerontology Registry

The UT Southwestern Gerontology Registry is designed to recruit people age 60 and over who are interested in participating in aging research at UT Southwestern.

Today's medicine generally is based on studies using middle-aged or younger individuals. At UT Southwestern the number of research studies concerned with medical conditions that affect seniors is on the increase and, therefore, so is the need for appropriate study participants. Besides the opportunity to participate in cutting-edge research protocols, there are occasions when investigators would like to question seniors about their opinions, attitudes and concerns as they age.

Additionally there are times when we need older subjects to be interviewed by physicians-in-training and medical students to help these doctors and future doctors learn about appropriate care for older patients.

Please consider becoming a member of the UT Southwestern Gerontology Registry by filling out the registry application. As a member of the registry you may be contacted in the future by investigators as studies become available to see if you qualify for a given study and/or are willing to:

- Participate in research studies
- Participate in interviews/surveys related to aging
- Participate in educational activities with students.

Being a registry member does not obligate you in any way to participate. You can accept or decline to participate in any research or educational project for which you are contacted.

Please be aware that research and educational studies come up sporadically and often have very specific entry criteria. There is the possibility that you may never be called upon to participate.

At any time, you may request to be removed from the UT Southwestern Gerontology Registry by calling the registry coordinator, Dr. Heather Stieglitz (214-648-2470).

All information on the registry questionnaire will be kept confidential. Dr. Stieglitz will keep your identity and information in a password-protected computer that can be accessed only by authorized personnel – i.e. UT Southwestern faculty and personnel involved in aging research studies and who specifically request information from the registry. The information obtained will not be used for marketing purposes nor will it be given or sold to other parties.

Application for Enrollment in the UT Southwestern Gerontology Registry

To enroll in the Gerontology Registry, you must be at least 60 years old and live within the Dallas-Fort Worth area.

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: TX Zip: _____

Telephone: _____

Birth date: Month: _____ Day: _____ Year: 19____

Sex: Male
 Female

Race: Black Hispanic White
 Asian American Indian
Other _____

Marital Status: Never married Married Widowed
 Divorced Separated

Do you have or have you ever had any of the following medical conditions?
Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Urinary/incontinence problem |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Blood disease |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Alcohol, drug problem |
| <input type="checkbox"/> Arthritis or back pain | <input type="checkbox"/> Vision problem |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Emotional disorder/depression |
| <input type="checkbox"/> Memory impairment | <input type="checkbox"/> Hearing problem |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Digestive disorder |
| <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Falling/balance problem |
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Allergies / asthma |
| <input type="checkbox"/> None of the above | |

Other: _____

Please list all your regular prescription and over-the-counter medications:

Would you be willing to come to UT Southwestern to participate in educational programs in which you talk with physicians-in-training or medical students?

- Yes, without payment
- Yes, with payment
- No

Are you willing to come to participate in a UT Southwestern research project?
Please remember that you are in no way obligated to participate in any study. You may accept or decline any project for which you are contacted.

- Yes, without payment
- Yes, with payment
- No

Are you willing to participate in the following kinds of research? Again, please remember that you are in no way obligated to participate in any particular study. Check all that apply.

Yes / No / Maybe

- Studies that ask you about your opinions, attitudes, concerns?
- Studies that observe or ask you about your behavior?
- Studies involving physical examination?
- Studies involving memory testing?
- Studies involving the collection of blood or urine?
- Studies involving medication use?

The statements made by me on this form are true and correct to the best of my knowledge. I understand that I am in no way obligated to take part in any study, and that I may accept or decline any project for which I am called. I also understand that becoming a member of the registry does not guarantee that I will be called upon to participate.

Signed: _____

Today's date: _____

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