



Guy W. Neff, MD, MBA, FAASLD
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~

6842 International Center Blvd
Ft. Myers, FL 33912
Phone: 941-500-3200
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New Patient Information

Today's Date: _____

Name:

(First) (Middle) (Last)

Address: _____
(Street or P.O. Box) (Apt. No)

(City, State) (Zip code)

Is this your permanent residence? Yes No **DOB:** ____/____/____ **Age:** _____

Telephone: Home: _____ Cell: _____

Permission to leave message on the answering machine: _____ (initials)

Email address: _____

Please check your responses to the following:

- Yes, I would like to receive appointment reminders and study correspondence via email and/or text message to the cell phone number/email address I provided above. I understand I can un-subscribe at any time
- Yes, I would like to receive information on new study openings via email and/or text message to the cell phone I provided above. I understand I can un-subscribe at any time

Sex: Male Female

Number of years of Education: _____

Marital Status: Single Married Separated Divorced Widowed

Race: White/Caucasian Black/African American Asian American/Alaskan Native

Native Hawaiian/Pacific Islander Other: _____

Ethnic Background: Hispanic/Latino Non-Hispanic/Latino

Emergency Contact or Caregiver:

(Name) (Telephone) (Relationship)

Please fill out back of form!



COVENANT
RESEARCH AND CLINICS

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Primary Care Physician:

Name: _____

Phone: _____

Address: _____

Do we have your permission to notify your Primary Care Physician of your results and study participation?

YES **NO**

Hospital of choice: _____

Previous Research Participant? No Yes **When and Where:** _____

By signing below, I certify that the above information is true and accurate to the best of my knowledge. I understand that I am being evaluated only for possible participation in a clinical research trial with Covenant Research and that this evaluation is not for diagnostic or treatment purposes. No formal diagnostic or treatment relationship with Covenant Research or any of its staff is implied nor intended, nor is participation in any specific study promised or guaranteed.

This evaluation will include medical and psychiatric questions which may be of a personal nature. It may also include medical assessments such as vital signs to assist in the process of determining appropriateness for participation in a research study. I understand that I have the right to refuse any or all the above or to stop the evaluation at any time without having to explain myself and that the information collected will not be shared with anyone without my written permission.

I certify that I am not currently participating in any other clinical research trials; otherwise, I will promptly notify Covenant Research. I agree to allow Covenant Research to maintain my personal information in a computer database to be considered for future clinical trials. I understand that my personal health information will remain confidential unless certain disclosures are required by law.

Signature: _____

Date: _____