Research Patient Registration Form

Registration Type: Please select type New Patient: ☐ Returning Patient: ☐

Patient ID: _____ MRN#: _____

Patient General Information

Last Name: _____ First Name: _____

Address: _____

Contact Phone: ____ - ____ - ____ Alternate Contact: ____ - ____ - ____

Date of Birth: ____ / ____ / ____ Gender: Please select gender

Ethnicity: Please select ethnicity Marital Status: Please select marital status

Study Coordinator Contact Information

Coordinator Name: _____ Email: _____

Office Phone: ____ - ____ - ____ Alternate Phone: ____ - ____ - ____

Study Information

Principal Investigator/Guarantor Name: _____

Principal Investigator Account #: _____ IRB Protocol #: **HSC** - ____ - ____ - ____

NCT#: _____ UTHealth Case #: _____

Appointment Information

Appointment Date: ____ / ____ / ____ Appointment Time: ____ : ____ Select Visit #: _____

MHHS Services	RES	SOC	NO
Parking	☐	☐	☐
Pulmonary Function	☐	☐	☐
Lab	☐	☐	☐
MRI	☐	☐	☐
X-Ray	☐	☐	☐
CT Scan	☐	☐	☐
Pharmacy	☐	☐	☐
Other:	☐	☐	☐

CRU Services	RES	SOC	NO
CRU Labels	☐	☐	☐
CRU Meal Ticket	☐	☐	☐
CRU Petty Cash	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Appointment Confirmed by: _____

Memorial Hermann – TMC Patient Access Services

For Patient Access/Admissions: Upon completion of registration, submit form to Admissions Coordinator.

Service	Fax Number	Phone Number
Inpatient Admission (Direct Admit or Obs)	713-704-4498	713-704-3650
Outpatient Diagnostic Testing	713-704-5113	713-704-6500
Cath Lab	713-704-6542	713-704-2306
Outpatient Imaging	713-512-6041	877-704-8700 713-704-1203
Central Registration	713-704-5113	713-704-0446

Last updated 12/3/2015