



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:		
Study Information		
Principal Investigator/Guarantor Name:		
Principal Investigator Account #:	IRB Protocol #: HSC	
NCT#:		
Appointment Information		
Appointment Date: / / Appointme	ent Time: Select Visit #:	
MHHS Services RES SOC NO	CRU Services RES SOC NO	
Parking	CRU Labels	
Pulmonary Function	CRU Meal Ticket	
Lab MRI	CRU Petty Cash	
X-Ray		
CT Scan		
Pharmacy		
Other:		
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