

# PharmCo Testing

Over 50 Years of Research Experience

For Office Use Only

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Status:  A  D

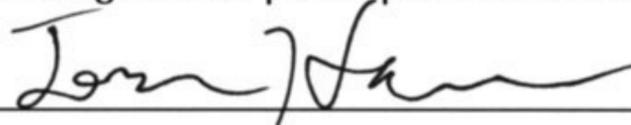
Tracking Code: \_\_\_\_\_

Fill in the White Sections Only. Please Print Clearly.

Name Terry Hastings		
Address 2823 Fisher Ln.		Apartment # 7
City Atlanta	State GA	Zip 30332
Home Phone 856-9243	Work Phone 233-9401	e-mail
Gender M	Age 25	Height
Weight	BP /	Temp °

Do you have any drug allergies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please list.
Are you currently taking any medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please list.
Do you regularly use alcohol or recreational drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please list.
Have you participated in other drug testing programs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, please list.
How long have you smoked? 8 yrs
How many packs a day do you smoke? 2
Do you smoke filtered cigarettes? yes
When do you most crave a cigarette? afternoon
Have you previously attempted to quit smoking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, how? <input checked="" type="checkbox"/> Cold Turkey <input type="checkbox"/> Nicotine Gum <input checked="" type="checkbox"/> Nicotine Patch <input type="checkbox"/> Switching cigarette brands <input type="checkbox"/> Changing to cigars or chewing tobacco <input type="checkbox"/> Other (please list)
Have you suffered from any of the following: <input type="checkbox"/> Angina <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart arrhythmia <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypertension <input type="checkbox"/> Insulin-dependent diabetes <input type="checkbox"/> Buerger's disease <input type="checkbox"/> Raynaud's disorder <input type="checkbox"/> Kidney or liver disease <input type="checkbox"/> Esophagitis or peptic ulcer disease
Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I declare that the information given on this form is correct to the best of my knowledge. I have neither given false information nor withheld information. I understand that the information on this form will be used in PharmCo internal testing only; it will be released to outside parties only in the form of collated test data and will not bear my name or any of my contact information. I acknowledge that submission of this form indicates my willingness to participate in further testing procedures.

Signature 

Date 2/7/98