

## UNTHSC The Reynolds GET-IT Program Volunteer Patient Application Form

The information requested below is used only to assist in case selection. All information is kept in strict confidence.

Name		Gender	Age					
Date of Birth	Address							
City		State	Zip					
Home Telephone	Cell Phone	Email Address						
Ethnicity/Race	Do you have reliable	Do you smoke?						
Do you have any medical problems or conditions for which you are currently being treated? Please specify.								
Do you have any scars, irregularities or special medical conditions that might enhance your ability to portray specific roles? Please specify.								
Please give a brief summary of your past medical history, including illnesses, hospitalizations, surgeries, chronic disease, etc.								

<b>Availability</b> Please indicate the da	ys and time	es you	are us	sually	availa	ble to v	olunteer.
Morning: Afternoon: Evening: Various/Flexible:							
Best time to call:	Day			_Eveni	ng		Other
IN CASE OF EMERGENC	Y PLEASE CO	ONTAC <sup>-</sup>	Г:				
Phone:	Relat	ionshi	o to app	olicant	:		
Please list any physical	limitations	you ma	y have	:			
Please check the exams							
	/sical Exam (	Only					
<ul><li>History Onl</li></ul>	•						
o History and	Limited Phy	ysical E	xam				

Please return this application to Yolanda Pitts, Education Coordinator, UNT Health Science Center, Reynolds GET-IT Program, 3500 Camp Bowie Blvd., Fort Worth, 76107. For questions about the program contact me at 817-735-0289 or <a href="Yolanda.pitts@unthsc.edu">Yolanda.pitts@unthsc.edu</a>.

**Date** 

Signature