



**IRENE**

**IOWA RESEARCH NETWORK**

**IRENE Registration Form**

Physician's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Number of patient visits/year in your practice (estimate ok) \_\_\_\_\_

Total number of unique patients in your practice: \_\_\_\_\_

Total number (in your practice) of:

Physicians: \_\_\_\_\_

RNs: \_\_\_\_\_

PA's: \_\_\_\_\_

NPs: \_\_\_\_\_

Nursing Assistants: \_\_\_\_\_

Office Administrator Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I would be interested in participating in the following study or studies:

- Interventions for Obesity Prevention
- Epidemiology of *Staph aureus* in Iowa
- Improving Colorectal Cancer Screening
- Risk Factors for Early Childhood Dental Cavities
- Depression Risk in Elderly Patients
- Use of Checklists to Avoid Medical Errors for Common Problems

List additional topics you would like to study in a research or quality improvement project

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**FAX BACK TO: Barcey T. Levy at 319-384-7647 (no cover sheet necessary)**