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INFORMATION FORM

Confidential

Thank you for your interest in treatment or your participation in one of the current clinical research studies underway at the Center.

Please complete this confidential information form expressing your interesting one of the options and either email the completed form the above email address or fax your form to the Center. Orientation meetings are scheduled throughout the year. Please indicate whether you are interested in attending one of the scheduled meetings or would like to enter one of the treatment programs offered at the Center.

Name _____

Phone No. _____

Please Check:

Interest in: 1. Treatment Yes No What condition? _____
 _____ _____

2. Research Studies _____ _____ Which Clinical Trail study? _____

1. OBESITY Study _____

2. INFLAMMATORY BOWEL DISEASE (IBD) Studies: _____

Ulcerative Colitis _____

Crohn's Disease _____

3. IRRITABLE BOWEL SYNDROME (IBS) Study: _____

What is the best time to contact you regarding your interest? _____

Please e-mail or fax your completed form to the Center. We will contact you usually within 48 hours. Thank you.