

PRESTO: Main Trial Participant Contact Details Form

Research Nurse/Associate should complete this form after informed consent

Participant ID:

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DO NOT SEND THIS PAGE WITH THE PARTICIPANT'S BASELINE FORMS

Please return this page to the PRESTO Trial Office after consent has been given, in the freepost envelope provided

Please record below the details that the participant has agreed for us to contact them on:

Title: **First Name:** **Surname:**

Address:

House/Flat Number:

Street Name:

Town/City:

Postcode:

Email:.....@.....

Telephone:

Home:.....

Work:

Mobile:.....

Preferred method/time of contact:

.....

1. Does the patient agree to being sent study questionnaires by email? (*Please cross one box*)

Yes ☐ No ☐

If yes, please ensure patient has provided an email address

Please provide the details of someone who could be contacted by the research team in case the patient changes address:

Title: **First Name:** **Surname:**

Address:

House/Flat Number:

Street Name:

Town/City:

Postcode:

Email:.....@.....

Telephone:

Home:.....

Work:

Mobile:.....

Preferred method/time of contact:

.....

General Practitioner Contact Details:

Doctor/Surgery Name:

Address (including postcode):.....

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Telephone:

Research Associate/Nurse signature:

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Date:

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(dd/mm/yyyy)

Thank you very much for completing this form