

National Referral System: NATIONAL CJD REPORTING FORM

last updated April 2012

FAX TO:

Patient details

Surname:..... Forename(s):.....

Postal Address:.....

Postcode:.....

Telephone number:.....

Fax Number:.....

Email Address:.....

NHS Number, if known:.....

Family, carer or independent representative details (if appropriate*)

** This may be appropriate if the approach is made via a lead family member, carer or independent representative (i.e. when a patient is too ill to be approached directly or has a preference for this route).*

Surname:..... Forename(s):.....

Postal Address:.....

Postcode:.....

Telephone number:.....

Fax Number:.....

Email Address:.....

Neurologist details (or other hospital clinician)

Surname:..... Forename(s):.....

Hospital Postal Address:.....

Postcode:.....

Telephone number:.....

Fax Number:.....

CCDC details

Surname:..... Forename(s):.....

Postal Address:.....

Postcode:.....

Telephone number:.....

GP Details

Surname:..... Forename(s):.....

GP Practice Postal Address:.....

 Postcode:.....

Telephone number:.....
 Fax Number:.....

Brief clinical details: (please attach recent letter or discharge summary)

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Consent:

*please delete as appropriate

I have been provided with the patient information leaflet which explains the role of the National CJD Research & Surveillance Unit and the National Prion Clinic.

YES / NO

I agree to my/the patient's* details being forwarded to the National CJD Research & Surveillance Unit and the National Prion Clinic.

YES / NO

I agree that staff from the National CJD Research & Surveillance Unit in Edinburgh and the National Prion Clinic in London can visit myself/the patient* and my/their* relatives at a mutually convenient time for clinical assessment and surveillance purposes and to provide the opportunity, should we wish, to discuss ongoing research, including clinical trials of potential treatments.

YES / NO

I understand that this may mean providing further information to help in the organisation of my/the patient's* care, and to contribute to a better understanding of the illness.

YES / NO

Signed:

Print:

Date:

On completion, please fax securely to NCJDRSU 0131 343 1404, NPC 0203 448 4046 and also to your local CCDC