

National CJD Reporting Form

Simply Teeth Dental Practice

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):
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Postal Address:
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.....
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Postcode:.....

Telephone number:.....

Fax Number:.....

Email Address:.....

Patient details

Surname:..... Forename(s):
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Postal Address:
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.....
.....

Postcode:.....

Telephone number:.....

Fax Number:.....

Email Address:.....

NHS Number, if known:.....

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

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Neurologist details (or other hospital clinician)

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

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Hospital Postal Address:

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Postcode:.....

Telephone number:.....

Fax Number:.....

GP Details

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

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GP Practice Postal Address:.....

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Postcode:.....

Telephone number:.....

Fax Number:.....

CCDC details

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

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Postal Address:

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Postcode:.....

Telephone number:.....

Consent:

*please delete as appropriate

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

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

I agree that staff from the National CJD 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.

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.

Signed:.....

Print:.....

Date:.....

On completion, please fax to NPC, 0207 061 9889 NCJDSU 0131 343 1404, and also to your local CCDC.