

Referral no. (for office use)

Study of SSRI antidepressants for mild to moderate depression

Version 2 dated 5/7/04

There is no obligation to take part, and by signing this form you only agree to allow your doctor to give your contact details to the research team.

Please note that you have the right to refuse to participate in the study or to withdraw at any stage after you have agreed to take part; this will not affect the care you receive from your doctor, who will continue to care for you as normal.

Patient's name DOB:

Address Postcode:

Phone number Best time to contact patient

Patient's signature.....

GP's signature Date

Print name

Practice name.....

I have arranged to see this patient again on (date)
(Suggest between 10 days and 2 weeks from today's date for review)

What was the initial presenting complaint?

**Please fax this form to the research team on
(023) 00000000**

For use by the research team:

Referral no. (for office use)

Date randomised

Date received