



Scottish Bell's Palsy Study

'BELLS'

	Patient case record form <h1 style="text-align: center;">Form A</h1> <p style="text-align: center; font-size: small;">v.8 dated 19th April 2004</p>	Patient number (allocated by HSRU) <h1 style="text-align: center;">2 6 0 4</h1>	 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; letter-spacing: 5px;">S B P S</div>
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To be completed by the consultant/ registrar/ SHO on arrival of any patient presenting at the Acute Receiving Clinic with a possible Bell's Palsy.

Section 1 *This section is to be completed for all patients.*

Patient name	title	forename	surname
Address			
			postcode
Telephone	day	evening	mobile
Date of birth	day / month / year		Sex m/f
Who sent the patient here?		e.g. GP / A&E / NHS24 / dentist / patient's own decision / other	
Name (consultant/registrar/SHO)	title	initial(s)	surname

In your opinion does this patient have Bell's palsy?	yes	no
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If your answer is NO, complete the next box, sign and date the form and STOP. File the form. Otherwise, leave the next box entirely BLANK and proceed directly to **Section 2**.

Diagnosis			
Signature and date	signature	date	

Section 2 *To be completed for all patients presenting with a confirmed diagnosis of Bell's Palsy*

Is the patient already on a trial?	no	yes
Is the patient aged 16 or more today?	no	yes
Did the patient become aware of symptoms less than 72 hours ago?	no	yes
Could the patient be pregnant?	no	yes
Is the patient breast-feeding?	no	yes
Is the patient diabetic?	no	yes
Does the patient have any of the following conditions?		
A systemic infection	no	yes
Suppurative otitis media	no	yes
Multiple sclerosis	no	yes
An active peptic ulcer	no	yes
Herpes zoster	no	yes
Sarcoidosis or a similar condition	no	yes

If **any** shaded box in the preceding table has been ticked, complete the next box, sign and date the form, and STOP. File the form. Otherwise, leave the next box entirely BLANK and proceed directly to **Section 3**.

This patient does not fulfil the criteria for entry into the BELLS study and is excluded. The treatment I have prescribed for the diagnosed condition of Bell's palsy is given here.		
treatment prescribed		
Signature and date	signature	date

Section 3 *To be completed for all patients eligible for entry into the BELLS study*

Please ensure the patient has read the Patient Information Sheet for the BELLS study, and has had the opportunity to discuss its contents with an informed person (e.g. their GP, yourself, the clinic nurse).

If the patient declines to enter the study, despite being eligible, complete the next box, and STOP. File the form. Otherwise, leave the next box entirely BLANK and proceed directly to complete the rest of the form.

This patient is eligible for entry to the BELLS study, but has declined. I have indicated the treatment I have prescribed for this patient. <i>It is not necessary for the patient to provide a reason for their decision not to enter the study, but if a reason was given, please record it here.</i>		
treatment prescribed		
reason for decision		
Signature and date	signature	date

For any patient agreeing to enter the study, the Consent Form provided for the BELLS study **MUST** be initialled, signed and dated appropriately by the patient and by the consenting clinician. Then attach the completed Consent Form to this sheet of paper. Please now call the randomisation centre at HSRU on

0800 000000

giving your centre number

2604 (Perth Royal Infirmary)

for the allocation of patient number and treatment. Please complete, sign and date the final box following. Then file both forms.

I have telephoned HSRU at Aberdeen and given the name, address and telephone number of this patient and advised them that the patient is a new entry to the Scottish Bell's Palsy Study. The patient number and the treatment given to the patient is that allocated by HSRU during the call, and I have recorded the patient number and allocated treatment below. I have supplied the patient with two bottles containing the allocated treatment. I have recorded the patient number on both bottles.		
Patient number (allocated by HSRU)		1 or 2 or 3 or 4
2 6 0 4 — — —		
Signature and date	signature	date