

## ProFHER TRIAL: CONSENT STATUS FORM

Participant identification number:

The **designated person** should complete the first part of this form to indicate whether an **eligible patient** has consented to take part in the trial.

Name of designated person:

Date today:   /   /

*Day                      Month                      Year*

Has the patient agreed to consent? Yes   
*(Please cross one box only)*

No

If the patient has **consented** then the designated person should complete the baseline form with the patient, perform the randomisation and then post all baseline materials to York Trials Unit.

If the patient has **not consented** then the **orthopaedic surgeon** should complete this form and give it to the designated person to post to York Trials Unit.

a. Which treatment do you as the **clinician** advise the patient to have?  
*(Please cross one box only)* Uncertain

Surgery

No Surgery

b. Does the **patient** express any treatment preference?  
*(Please cross one box only)* No preference

Surgery

No Surgery

c. What is the **agreed** treatment for this patient?  
*(Please cross one box only)* Surgery

No Surgery

**Thank you very much for completing this form**



**PROximal Fracture of Humerus: Evaluation by Randomisation (ProFHER) Trial**  
*A multi-centre randomised controlled trial funded by NHS R&D Health Technology Assessment Programme  
 (International Standardised Randomised Controlled Trial Number 50850043)*