

PD REHAB PATIENT Randomisation FORM

Part A: Identifying Details

Patient's full name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth: / /	Hospital number:
Responsible clinician:	Hospital:
Patient's address:	NHS number
	Patient's telephone number:

Part B: Inclusion/Exclusion Criteria

Patient has idiopathic Parkinson's disease: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Patient reports limitations in activities of daily living: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Patient has dementia: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Patient has had occupational therapy in last 1 year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patient has had physiotherapy in last 1 year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Patient can be assessed and treated within 1 month: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Consent has been taken: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Baseline forms have been completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If any shaded boxes are ticked, the patient is not eligible for randomisation.

Part C: Carer Information

Does the patient have a carer:
 Yes No

If carer has consented to join PD REHAB

Name of Carer

Date of birth: / /

Has the carer consented to join PD REHAB:
 Yes No

If carer has consented to join PD REHAB

Relationship to Participant

Sex: Male Female

Part D: NEADL Total

Nottingham Extended ADL Index total:

Now log on to:PD REHAB randomisation Website URL

Part E: Trial Details

Date of Randomisation:/...../..... PD REHAB trial number:

Treatment Allocation