

BASELINE

(TO BE RETURNED AS SOON AS COMPLETED)

PARTICIPANT

INFORMATION



PATIENT DETAILS

ALLOCATED SUBJECT ID FOR  
RESCUE—ASDH  
(fill this after randomisation only  
number obtained from system )

-

Name of the participant  
(full name)

Date of Birth

D

D

/

M

M

M

/

Y

Y

Gender

Female

Male

Hospital number, if  
known

NHS/SSN or any national  
ID number, if known

*E.g. NHS number (UK) - 123456789  
OR SSN (USA)-123456789*

Participant current  
address  
(OR Paste patient sticker  
With address information)

Participant Contact  
Phone number 1  
Mobile number 2

(Country-code) (Area- code) Number  
1 . +44 (1223) (567890)  
2.

Name and contact de-  
tails of the participant  
GP/local doctor

Name and contact details of the  
participant's next of kin .  
(please include phone number)

Completed by

D

D

/

M

M

M

/

Y

Y