

Identifying Details

Patient's full name:	Patient Trial Number:
Date of birth: / /	Hospital number:

Medical Details

Date of PD Diagnosis: Month:Year:	
Weight:	Unit of Measure: Kg/St (delete as appropriate)
Height:	Unit of Measure: Ft/M (delete as appropriate)
Current Medication	
Levodopa? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, which? Daily dose (mg)?	
Eg 1 Sinemet 125 tablet = 100mg daily dose (levodopa)	
Dopamine Agonist? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, which? Daily dose (mg)?	
MAOB inhibitor? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, which? Daily dose (mg)?	
COMT inhibitor? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, which? Daily dose (mg)?	
Amantadine? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes Daily dose (mg)?	
Apomorphine? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes Daily dose (mg)?	

Duodopa? No Yes

If yes Daily dose (mg)?

Other PD Medication? No Yes

If yes What medication? Daily dose (mg)?

Form completed by (print name):

Signed:

Date: