



Research on welfare advice for older general practice patients

Study Opt-Out return Slip

Print Patient Name:

Date of Birth:

Address:

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I do not want to take part in the Do-Well study, and do not wish to be contacted about this study in the future.

Signed: Date:

Optional: it would help our research if you could give a reason why you do not wish to take part in the study. If you feel able, can you please explain here:

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For GP Practice use only:

Date Received:/...../.....

Processed by:

Added to database by: Date/...../.....