

| Patient Surname:   | Patient Forename:   |                     |
|--|---|---------------------|
| Gender: M/F DOB:   | NHS No  |                     |
| Address:   | P   | ostcode:            |
| Referred by:   | Clinic/Team Tel. no   |                     |
| Tel: No. to be used for contacting (one number only, landline or mob   |   |                     |
| GP and Surgery:  |   |                     |
| Preferred time of first phone call:  |   |                     |
| D ( 18 ( 11  |   |                     |
| Preferred time for second phone of   | call  |                     |
|  |   |                     |
| Preferred time for second phone of please note: weekly or bi-weekly  Checklist   |   |                     |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  | monitoring will be required during  | g pilot period)     |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  Consenting to use the equipment   | monitoring will be required during  | y/N Y/N             |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  Consenting to use the equipment  Consenting to share personal info  | monitoring will be required during  Form provided  ormation                         | y/N Y/N Y/N         |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  Consenting to use the equipment  Consenting to share personal info  Letter to GP re Patient participation   | monitoring will be required during  Form provided  ormation on in Health Call       | y/N Y/N Y/N         |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  Consenting to use the equipment   | monitoring will be required during  Form provided  ormation on in Health Call       | y/N Y/N Y/N         |
| Checklist  Patient Information and Consent F Consenting to use the equipment Consenting to share personal info Letter to GP re Patient participatio Serial Number of CoaguChek made  | monitoring will be required during  Form provided  ormation on in Health Call       | y/N Y/N Y/N         |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F Consenting to use the equipment Consenting to share personal info Letter to GP re Patient participation Serial Number of CoaguChek made  Training of Patient | monitoring will be required during  Form provided  ormation on in Health Call chine | Y/N Y/N Y/N Y/N Y/N |
| Checklist  Patient Information and Consent F Consenting to use the equipment Consenting to share personal info Letter to GP re Patient participatio Serial Number of CoaguChek mad Training of Patient  Date 1                               | Form provided  ormation on in Health Call chine  Completed                          | y/N Y/N Y/N         |
| Checklist  Patient Information and Consent F Consenting to use the equipment Consenting to share personal info Letter to GP re Patient participatio Serial Number of CoaguChek mad Training of Patient  Date 1                               | Form provided  ormation on in Health Call chine                                     | Y/N Y/N Y/N Y/N Y/N |
| (please note: weekly or bi-weekly  Checklist  Patient Information and Consent F  Consenting to use the equipment  Consenting to share personal info  Letter to GP re Patient participation   | Form provided  ormation on in Health Call chine                                     | Y/N Y/N Y/N Y/N Y/N |