THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

THE UNIVERSITY of EDINBURGH
Edinburgh Medical School

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

Edinburgh Patient Partnership
Supporting Assessment and Teaching

PATIENT RECRUITMENT FORM

Health Care Professional: Details

TITLE: (*Please circle*) Dr / Mr / Mrs / Ms / Miss / Professor

NAME: _____

SPECIALITY: _____

ADDRESS: Department - _____

Location - (please circle) RIE / WGH / SJH / LCTC / Other_____

Patient: Demographic Details

AFFIX Patient Label:

If NO Label:

Title:(pls circle) Mr / Mrs / Miss/ Ms / (other) _____

Forename: _____ Surname: _____

D.O.B: _____

Address: _____

_____

Postcode: _____ Tel No. _____

Patient : Clinical Information

System(s) *:* (please tick)

Abdominal ☐	**Cardiovascular** ☐	**Neurology** ☐	**Respiratory** ☐

Other (Please State): _____

Diagnosis: _____

_____

Clinical Signs: _____

_____

Previous Medical History: _____

_____

Please return completed forms to: EPPSAT Coordinator, CME, Chancellor's Building, Edinburgh, EH16 4SB
For further info Tel: 0131 242 6535 / 9414 OR Email: loth.eppsat@nhslothian.scot.nhs.uk OR refer to www.edin.ac/eppsat
Thank you