

# Treatment Withdrawal Form



Please complete this form if a participant does not want to take part or continue with active treatment (exercise or MFFP). Once completed, please pass form to Research Nurse or fax directly to the PreFIT Study Team at Warwick Clinical Trials Unit (WCTU) on **024 7657 4657**. Thank you.

<b>Section 1—Patient Details</b>	Patients Initials:	<input type="text"/>										
	Patient Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Participant ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	How was event notified	Provide a response to each question										
		No	Yes									
	Telephone	<input type="text"/>	<input type="text"/>									
	Face to face	<input type="text"/>	<input type="text"/>									
By Relative	<input type="text"/>	<input type="text"/>										
By Friend	<input type="text"/>	<input type="text"/>										
Other	<input type="text"/>	<input type="text"/>										

<b>Section 2—Withdrawal</b>	Please provide reason	Yes	Comment				
	Refusal to have treatment	<input type="text"/>	<input type="text"/>				
	Hospitalised	<input type="text"/>	<input type="text"/>				
	Poor cognition, unable to adhere	<input type="text"/>	<input type="text"/>				
	Other	<input type="text"/>	<input type="text"/>				
Date of Withdrawal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Section 3—Your Details</b>	Form completed by: (Please enter your name in BLOCK CAPITALS):						
	<b>Title</b>	<b>First Name</b>	<b>Family Name/Surname</b>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Telephone	<input type="text"/>					
	Email	<input type="text"/>					
	Job Title	<input type="text"/>					
Signature	<input type="text"/>						
Date of completion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>