



SLT Treatment Record Form - B

PD COMM Trial Participant	Initials:	Trial No: P <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DOB: MMM / YYYY	Date of Session: DD / MMM / YYYY

Only complete this section if you answered “no” to Q5 of SLT Treatment Record Form

Please explain why the participant’s final treatment session was not the planned final treatment session:

Patient felt no further treatment was needed: Patient unable to attend further sessions:
Lack of SLT capacity to provide further treatment: Other (if other, please give details below):

.....
.....
.....

Only complete this section if you answered “yes” to Q6 of SLT Treatment Record Form

How many sessions did the participant DNA?
How many of these were rescheduled and attended?

Completed By: _____

Signed: _____ Date: DD / MMM / YYYY

Form Completion Guidelines

The trial participant’s info (especially trial number) on the top of the form must be completed prior to sending to the trial office.

Please select an answer to each question on the form, ensuring all of the questions are answered – even if an answer is no or zero.

Please ensure the name of the person completing the form is legible and then please sign and date (with the date the form was completed).

Once complete, file original version of this form in the site file, place a copy in the patient’s notes and send a copy to the trial office.

Definitions

DNA: Did Not Attend - this is when a participant was scheduled for a therapy session, but not did attend.