RATE-AF GP Visit Form

UNIVERSITY OF BIRMINGHAM | BCTU Birmingham Clinical Trials Unit

IDENTIFYING DETAILS

Patient initials: ☐☐☐ **Trial Number:** ☐☐☐☐ **Date of visit:** DD/MMM/YYYY

Which follow-up visit does this CRF relate to? 6 months ☐ 12 months ☐

GP VISITS DETAILS

Has the patient seen their GP or healthcare professional since their last trial visit? No ☐ Yes ☐

If yes, how many times has the patient seen their GP or healthcare professional? ☐☐

Date of GP visit	Reason for visit			Type of visit					
	Atrial fibrillation	Other cardio -vascular	Non cardio - vascular	GP at practice	GP home visit	Nurse at practice	Nurse home visit	Other AHP at practice	Other AHP home visit
MMM/YYYY	☐	☐	☐	☐	☐	☐	☐	☐	☐
MMM/YYYY	☐	☐	☐	☐	☐	☐	☐	☐	☐
MMM/YYYY	☐	☐	☐	☐	☐	☐	☐	☐	☐
MMM/YYYY	☐	☐	☐	☐	☐	☐	☐	☐	☐
MMM/YYYY	☐	☐	☐	☐	☐	☐	☐	☐	☐

GP Visit completed by:
You **must** have signed the trial signature and delegation log

Name: ..... **(please print)**

Date: DD/MMM/YYYY **Signature:** .....