



NATTINA: The NAtional Trial of Tonsillectomy IN Adults

Participant GP Record Report Form

On this form we are hoping to capture the patient's consultation rates, outcomes, prescribing information and any additional interventions required for sore throat or related events throughout the patient's 24 month follow up and up to one year before recruitment.

Patient details:

Participant ID:

Date of Birth:/...../..... Initials:

NHS number:

Data collection dates:/...../..... to/...../.....

During the collection dates stated above, please list details when the patient:

- attended a GP appointment (with a GP/nurse) for a sore throat or related event
- spoke to a GP/nurse from the practice over the telephone regarding a sore throat or related event
- attended a walk in clinic for a sore throat or related event
- attended A&E for a sore throat or related event
- had any other intervention or contact with a health care service

If the patient had no contact with any of the above or if there is no information to record, please tick here ☐

Thank you for completing this form. Please return to the Newcastle Clinical Trials Unit via the secure fax number below:

Fax: 01915801106

Alternatively a net email address can be provided if you wish to return the form via email

Should you have any queries or questions regarding this form please contact a member of the study team – the latest contact details can be found on the NATTINA website: www.nattina.com

Please list details in the table provided:

Date of Visit/ Phone Call	Type of Visit/Contact (please tick one)									Seen by (please tick)		Emergency ambulance service used?		Symptoms (please list all mentioned)	Prescriptions Issued? (please list details)			Any Other Outcomes? E.g. OTC treatments recommended/emergency referrals & no. of nights in hospital/tests (please give details)
	GP practice app.	Phone call	A&E	Walk in clinic	Home Visit	Hospital clinic, ward/ OP dept.	Admitted to hospital	Emergency out of hours clinic	Call to NHS 24/111	GP	Nurse	Yes	No		Name of medication	Dose	Frequency	

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Please continue on additional pages if required.