



PARKINSON'S^{UK}
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Oxford Parkinson's Disease Centre (OPDC)

Rapid-eye-movement sleep behaviour disorder (RBD)

Expression of Interest Form

Forename		
Surname		
Address and postcode		
Date of birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Main telephone number		
Alternative telephone number		
Date of RBD diagnosis (month, year)		

Was the diagnosis made following overnight sleep studies? YES/NO

If YES, please list where sleep study done, and the responsible consultant:

Hospital:.....

Consultant:.....

If no, are sleep studies currently planned for you? YES/NO

Hospital:.....

Would you be happy for your details to be passed to a member of our research team so that they can contact you with further details of the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Sign:.....

Date:.....

Please return to Dr Michele Hu, Department of Clinical Neurology, Level 3, West Wing, John Radcliffe Hospital, Headley Way, Oxford, OX3 9DU, UK