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| Please provide contact details of a relative or friend who you are happy for us to contact about the study. We will ask this person to provide details about your memory and thinking before and after your stroke |
| Name: |  |
| Relationship to the participant: |  |
| House number: |  |
| Street name:  |  |
| Town/city: |  |
| Postcode: |  |
| Home telephone number:  |  |
| Mobile telephone number: |  |
| Email address: |  |