

R4VaD Rates, Risks and Routes to Reduce Vascular Dementia

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Section A: No set visit details	
A1	Date of data collection D ____ / M ____ / Y ____
A2	Details of visit/contact

Please check your entries thoroughly

Centre number	C	Study number		Sex		Investigator	
Date of collection	d /m /y	Initials		Date of birth	d /m /y	Signature	