Phone Screening Form

This form outlines the procedure to screen potential participants for the accessible ergometer study. When receiving a call from an interested participant, be sure to assign him/her a subject number and complete all the information below. **Be sure to note the participant’s specific disability in the “Special considerations” section of this form.** This form will be destroyed at the conclusion of the study.

Last Name (optional) _______________________

First Name _______________________

Contact information (any one is acceptable)

    Phone _______________________________
    E-Mail _______________________________

If patient of UW-Hospital, clearance obtained from primary care physician? [Y/N] _____

Date & time available for study_____________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________

Name of phone screener

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