NHSGrampianAffaSair01 – Service Evaluation of Social Prescribing for Chronic Pain in Moray

# Supplementary Document 3 – Participant Consent Form

**PATIENT CONSENT FORM**

Title: *Service Evaluation of Social Prescribing for Chronic Pain in Moray*

Organisers: Dr Joseph Parsons of Affa Sair (third sector chronic pain group) and NHS Grampian Quality, Improvement and Assurance Team

Please initial the boxes below to indicate your agreement with the corresponding statement.

1    I confirm that I have read and understood the Participant Information Sheet for this service evaluation *[Version 1.2]*.  I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2    I understand that data collected during the study may be looked at by individuals from NHS Grampian and Affa Sair where it is relevant to my taking part in this evaluation. I give permission for these individuals to have access to that data.

3 I consent to Dr Robert Lockhart or Maryhill Practice staff sending me the weekly events calendars and monthly questionnaires about my progress in terms of quality of life and pain.

4    *I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my care or legal rights being affected.*

5    *I understand that participation in this research is confidential, and all information collected as part of this research will be stored in accordance with the Data Protection Act and the General Data Protection Regulations 2018.*

6    *I understand that my patient-reported outcome data will be anonymised and stored to be available for future academic review.*

7 *If I tick this box, I consent to my contact details being retained until the publication of the evaluation, exclusively so that I can be informed of the results of the evaluation.*

I agree to take part in this evaluation

Name .......................................

Signature.............................                                                       Date   .......................

Please send completed form to gram.maryhillhcelgin@nhs.scot and ask to be included in Project.

Alternatively hand in paper copy to Maryhill Practice and add email address below

Email …………………………………………….