



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

TRAUMA PATIENT REPORTED MEASURES (PRMs) – DECLINE TO PARTICIPATE

Only complete this form if you DO NOT want to participate in the Trauma PRMs program.

The Trauma PRMs program involves the NSW Institute of Trauma and Injury Management contacting you to discuss your health after leaving the hospital. If you do not wish to participate in these surveys, please complete this form while in the hospital and hand the form to the hospital trauma service. If you are out of the hospital, please contact the Trauma PRMs Officer using the contact details below.

Patient details (please print clearly)

Given name(s): _____ Family name: _____

Date of birth: _____ Male Female

I do not wish to participate in the Trauma PRMs program after leaving the hospital.

I agree with the following:

- I have read the brochure titled Trauma Patient Reported Measures program: Information for patients and carers.
- I understand the purpose of the Trauma PRMs surveys.
- I understand that by opting out, I will not receive any Trauma PRMs surveys (by phone or email).
- I understand my care will not be affected by the decision not to participate in the Trauma PRMs program.

Signature: _____

If you are signing this form on behalf of the patient (Person responsible under the Guardianship Act or authorised representative):

Given name (s): _____ Family name: _____

Contact phone number: _____ Relationship to the patient: _____

Questions, concerns and feedback?

or more information about Trauma PRMs please contact:

Trauma PRMs Officer
 NSW Institute of Trauma and Injury Management
 Agency for Clinical Innovation
 Phone: 02 9464 4707 (business hours)
 Email: ACI-TORQUE@health.nsw.gov.au
 Website: aci.health.nsw.gov.au/networks/itim/data/trauma-prms

Alternatively, you may contact the NSW Population Health Services Research Ethics Committee on (02) 8374 5662 and quote protocol **AU RED Reference: HREC/17/CIPHS/18**

Office Use Only

Trauma service: Record in the NSW Trauma Registry and keep a copy of the form.



SMR020190

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700435 081220

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