



Patient Consent Form

Improving wellbeing among primary care patients

The Research Team:

University of Newcastle: Dr Mariko Carey, L/Prof Rob Sanson-Fisher, Dr Amy Waller, A/Prof Frans Henskens, Prof Brian Kelly, Mr Sam Lawson, Mr Justin Walsh, Dr Christopher Oldmeadow, A/Prof Andrew Searles

University of Wollongong: Prof Nicholas Zwar

Monash University: Prof Danielle Mazza, Prof Graham Meadows, Prof Leon Piterman

Please tick (✓) the following box to indicate if you would like to take part in the study.

☐ **Yes, I agree to participate in the below research project and give my consent freely**

- I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.
- I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.
- I consent to completing a short touchscreen survey and also taking part in a follow-up pen-and-paper surveys in 3, 6 and 12 months' time
- I consent to my general practitioner being provided with printed feedback about my health care needs. I understand that this will only occur for some participants who are attending practices allocated trial the new strategy.
- I understand that my personal information will remain confidential to the researchers. Data reported as a result of this research will not identify me in any way.
- I have had the opportunity to have questions answered to my satisfaction.
- I would like to receive a summary of the project results (please tick a box) ☐ Yes ☐ No

Please complete the section below with your name and contact details.

Title (please circle one): Mr / Mrs / Miss / Ms / Dr / Other _____		
Name:		
Postal Address:		
Suburb:	State:	Postcode:
Mobile no.	Home phone:	
Signature:		Date:



If you are willing to, please include the contact details of secondary contact (who does not live with you). We will only use this if we are unable to get in contact with you using the information provided above. (For example, if you move to a new address).

Title (<i>please circle one</i>): Mr / Mrs / Miss / Ms / Dr / Other _____		
Name:		Relation to you:
Postal Address:		
Suburb:		State: Postcode:
Mobile no.	Home phone:	

☐ I do not wish to provide a secondary contact

If you wish to participate, please complete this consent form and return it to the Research Assistant on duty
