

**nsuki**

United Kingdom & Ireland  
Neuromodulation Society

A chapter of the International Neuromodulation Society **ins**

**National  
Neuromodulation  
Registry**

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**Consent Form**

Please tick to confirm you been given the NNR Patient Information leaflet:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postcode: \_\_\_\_\_

Email Address (to send you email links to questionnaires):  
\_\_\_\_\_

**I CONSENT TO:**

- My personal details being recorded in the National Neuromodulation Registry
- I understand information in the Registry will be used to look at the outcomes of treatment and may be used for research purposes and results will be published
- I understand that data identifying me will not be released to anyone unless required by law or where there is a clear public need to do so
- I understand my data may be accessed by other medical professional in the future who are involved in my medical care.
- I understand that I may ask for my details to be removed at any time and may request access to my personal data
- I understand that my health data may be linked to other national health databases

Patient/Parent agreement to data collection for the Registry and Research purposes:

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by the person gaining patient consent:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_