**HKCFP-HKU Primary Care Morbidity Survey in Hong Kong**

**Consent Form**

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| Please return this form (**Page 1 & 2**) to Miss Joyce Tsang (Senior Research Assistant) either by fax (2814 7475) or email (joycetpy@hku.hk), and **keep the original copy** (to be collected together with the Patient Encounter Form upon completion of the first week of data collection). |

The following statements are to check that you understand and consent to the procedures involved in taking part in this research:

1. I confirm that I have read and understood the information for the above study and have been given a copy to keep. I have had the opportunity to ask questions about the project and I understand why the research is being done and any risks involved.
2. I understand that my participation is voluntary.
3. I agree to take part in the study.
4. I am willing to record the required information on my consultations with my patients.
5. I understand that all information that I provide to the research team will be kept confidential and only the research team will have access to it.
6. I understand how the data will be collected, that giving data for this research is voluntary and that I am free to withdraw the permission to use my data at any time, without giving reason.
7. I understand that I am free to withdraw from the study at any time, without giving reason.
8. I understand that I will be given a HK$400 gift certificate upon completion of each study period for this research as a token of thanks.
9. I understand the investigators have the right to exclude me from the study in the event of protocol violations, administrative or other reasons.
10. By signing a written informed consent form, I am authorizing the Research Ethics Committee (REC) and the regulatory authority(ies) to be granted direct access to my data for verification.

**Please sign and date this Consent Form below:**

Name of Participant in BLOCK letters Signature Date

Name of Investigator in BLOCK letters Signature Date

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| Continue to the next page 🡪 |

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**Please provide the following contact details (BLOCK LETTERS):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | (Surname) |  | (Given Name) |  |
| Phone: |  | Fax: |  |
| Email: |  |
| Affiliation: |  |
| Primary practice address:  |  |
|  |

Membership (for CPD/CME):

|  |  |
| --- | --- |
| [ ]  HKCFP - Member ID:  | [ ]  MCHK - Number: |

My preferred mode of communication: [ ]  Email [ ]  Phone [ ]  Fax

Average number of patient encounters per week:

**Please indicate (🗹) your availability for the following weeks of data collection:**

* Please choose as many weeks as you wish (prefer at least 1 week per season)
* We shall contact you to confirm your designated week(s)

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| Spring:[ ]  2021 March 7-13 [ ]  2021 April 11-17 [ ]  2021 May 2-8 |
| Summer:[ ]  2021 June 6-12 [ ]  2021 July 4-10 [ ]  2021 August 1-7 |
| Fall:[ ]  2021 September 5-11 [ ]  2021 October 3-9 [ ]  2021 November 7-13 |
| Winter:[ ]  2021 December 5-11 [ ]  2022 January 2-8 [ ]  2022 February 6-11 |

\*Assuming a minimum of 100 patient encounters/ week – if this is not met, data collection will extend beyond the week until it reaches 100 encounters

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