Patient consent form

The National Ankylosing Spondylitis Society (NASS) is working with the Institute of Osteopathy and Royal College of Chiropractors to reduce the 8.5 average delay to diagnosis of axial spondyloarthritis (axial SpA) including ankylosing spondylitis.

We are now at the point where we are asking your GP to refer you to see a rheumatologist who will be able to decide if you have this condition. We have been aware for some time that getting to see the right person at the right time has been very difficult. Consequently, we have worked with the Royal College of GPs and Chartered Society for Physiotherapy to develop a referral template. We now need to monitor how effective this is and would like to follow your journey, from the moment your referral is recommended to your GP or Physiotherapist in your GP surgery by your osteopath, and beyond.

We are asking for your consent for NASS to be in touch and to ask you to complete a short questionnaire about your experiences and possibly to conduct a telephone interview. If you are happy to help, please complete this form. One copy will be kept by you, one kept by the person who completes your referral and one copy will be sent to NASS. You can at any point withdraw your consent to be contacted.

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I consent to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sharing my contact details and referral letter with the National Ankylosing Spondylitis Society (NASS)

NASS contacting me for permission to follow my patient journey to diagnosis

**I would be happy for NASS to contact me by:**

Email

Telephone

Post

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your details will be kept for NASS use only to monitor the success of our referral template and will not be shared by any external parties. You have the right to withdraw your consent at any time. For more information on how NASS will look after your data please visit [www.nass.co.uk/privacy-information-policy](http://www.nass.co.uk/privacy-information-policy).