



National Joint Registry: Patient Consultee Declaration Form

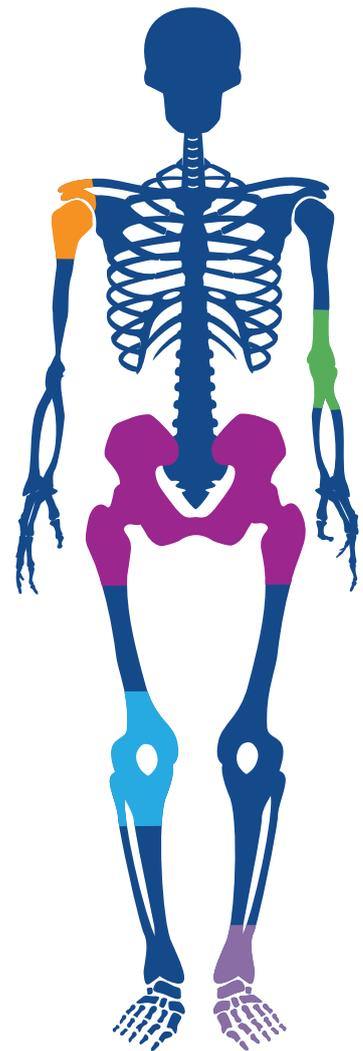
We feel your relative/friend is unable to decide for himself/herself whether to participate in the National Joint Registry (NJR).

To help decide if he/she should join the registry, we need to ask your opinion whether or not they would want to be involved. We ask you to consider what you know of their wishes and feelings, and to consider their interests. Please let us know of any advance decisions they may have made about participating in the registry as these should take precedence.

If you decide your relative/friend would have no objection to having their details added, we will ask you to read and sign the consultee declaration on the second page of this information leaflet. We'll then give you a copy to keep for them.

If you decide that your relative/friend would not wish to be added to the registry, it will not affect the standard of care they receive in any way.

If you are unsure about taking the role of consultee, you may seek independent advice. We will understand if you do not want to take on this responsibility. The information given to you in our NJR Patient Information Leaflet is the same as would have been provided to your relative/friend.



The National Joint Registry records information on **hip, knee, shoulder, elbow and ankle** replacement procedures. To date the NJR holds **over three million records**.

NJR Patient Consultee Declaration Form

This form should be given with an NJR Patient Information Leaflet.
Please provide the patient's representative with a copy of this form when completed.

Please initial box

I _____ [name of consultee] have been consulted about
_____ [name of patient]'s participation in the National
Joint Registry. I have had the opportunity to ask questions about the NJR and understand what is involved.

In my opinion he/she would have no objection to their details being added to the registry.

I understand that I can request he/she is withdrawn from the NJR at any time, without giving any reason and
without his/her care or legal rights being affected.

Name of Consultee

Signature

Date

Relationship to participant:

Hospital staff undertaking consultation:

Name

Signature

Date

Patient details:

Surname _____

Forename _____

Date of Birth _____

Postcode (home) _____

To be completed by the hospital:

Hospital _____

NHS or national patient number _____

Height: _____ cm & Weight: _____ kg

or BMI _____

This form should be kept as part of the patient record. DO NOT send this form to the NJR Centre