

**PATIENT CONSENT FORM:**

I, the undersigned.....(full name) and adult male / female from  
..... (address) Id No..... hereby  
authorise .....(name of Doctor) who is in possession of information  
concerning medical procedures performed on me together with my health and  
personal particulars to disclose such information to the South African Rheumatism  
and Arthritis Association. I further understand that this information will be  
depersonalised and that it may only be used for the purposes of health research  
and/or studies.

I further wish to indicate that such permission to disclose such information is only for  
the purpose of health research and/ or study with a view of improving the practice of  
Rheumatology to the benefit of patient outcomes.

I further wish to indicate that this consent was given out of my own free will without  
any undue influence from .....( name of doctor).

Thus signed at .....on this ..... day of .....2008

.....

Signature of patient

.....

Witness