



SURNAME	URN
GIVEN NAMES	
D.O.B.	SEX

Western Australian Rheumatic Heart Disease Register Consent Form

We would like to make sure that you know as much as you want about Rheumatic Heart Disease (RHD) and/or Acute Rheumatic Fever (ARF).

Have you had an information session and/or been given information to take home about RHD and/or ARF?

Do you want more information about RHD or ARF?

If you (or your child) are happy to be included on the Western Australian Rheumatic Heart Disease (WARHD) Register please tick below:

- I agree for my details (or my child's details) to go on the Western Australian Rheumatic Heart Disease Register.

Patient's SURNAME.....GIVEN NAMES

Patient's DOBMale or Female (please circle)

Patient's (or Parent / Guardian's) signature.....Date.....

Parent/Guardian's name (PRINTED please).....

Patient's home community (if relevant).....

Name of person obtaining consent.....

Signature of person obtaining consent Date

To the person obtaining consent:

If the patient requires more information please discuss their needs with them before they sign the consent sheet.

If the person does not wish to sign, but wishes to be registered, then verbal consent only is needed. This must be documented on this form and in their medical record. It will be noted on the WA RHD register.

When consent has been obtained, please inform the register staff by faxing to **08 9192 5397** or emailing to **RHD.Register@health.wa.gov.au**

PLEASE GIVE THE FACT SHEET TO THE PATIENT FOR THEIR RECORDS AND FILE THIS SIGNED FORM IN THE PATIENT'S MEDICAL RECORDS



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