

## Pioneer Pelvic Pain Clinic

---

### Consent for use of deidentified patient data for research purposes

---

**This consent form is a legal requirement of our funding for the pelvic pain pilot clinic.**

**Invitation:** We would like to invite you to consent to use of deidentified patient demographic data and quality of life scores.

**Purpose of data collection:** To assess the impact of our pilot clinic on quality of life after multidisciplinary team management of pelvic pain, endometriosis, and chronic pelvic pain syndromes. Outcome data is a mandatory requirement of the grant funding for this pilot pelvic pain clinic.

**What would be expected of you:** to participate in the pelvic pain clinic. To undertake patient reported outcome questionnaires at routine appointment times.

**Confidentiality:** All responses will be recorded anonymously so that it will be impossible to identify you or any other person. Your name and address will **NOT** be recorded nor reported to the federal government.

**Persons to contact:** If you have any questions about the collection of deidentified patient data please contact Christine Liau at [pelvicpain@pioneerhealth.com.au](mailto:pelvicpain@pioneerhealth.com.au)

### CONSENT:

I, \_\_\_\_\_, have read the above information and agree to have de-identified data collected for the pelvic pain clinic.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_