## **NEW ZEALAND JOINT REGISTRY**

Established by the New Zealand Orthopaedic Association



Department of Orthopaedic Surgery and Musculoskeletal Medicine Christchurch Hospital Private Bag 4710 Christchurch 8140

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## **CONSENT FORM**

## TO BE FILED IN PATIENT NOTES

REQUEST FOR INTERPRETER			
English	I wish to have an interpreter	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero	Ae	Kao
Samoan	Oute mana'o ia iai se fa'amatala upu	loe	Leai
Tongan	Oku ou fiema'u ha fakatonulea	lo	Ikai
Cook Island	Ka inangaro au I tetai tangata uri reo	Ae	Kare
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu	E	Nakai

The New Zealand Orthopaedic Association has a New Zealand Joint Registry which records the technical data on all artificial joint replacement surgery performed in New Zealand, eg, the different types of artificial joints implanted, whether cemented or not, how long the operation took, the need to use antibiotics. The Register will provide independent data on the performance of these artificial joints over many years. The data will be used in the future for an audit of joint replacement outcomes and will identify the factors which will provide the best long term surgical results for New Zealanders.

You are asked for your consent to allow your name, address, date of birth, national health index number along with the technical data on your joint surgery to be forwarded to the Registry.

We need this information in order to track the outcome over many years of your artificial joint replacement.

No other personal information will be entered without your written consent and it will not be possible to identify your name from any information taken from the data base for audit purposes.

If you wish to withdraw from the Register, you may do so by writing to the New Zealand Joint Registry, Department of Orthopaedic Surgery and Musculoskeletal Medicine, Christchurch Hospital. Withdrawing from the Register will not affect your current or future health care in any way.

Mr John McKie
Registry Supervisor

I consent to my name, address, date of birth, national health index number along with the technical data on my joint surgery being forwarded to the New Zealand Joint Registry.

Signed:	Date:
Name:	(Please print)