

Scottish Mental Health Research Register



Contact Details

First Name(s):

Last Name:

Mr Mrs Miss Ms Other:

Male Female

Date of Birth

Postal Address

Postcode

Alternative Address

Postcode 2

Email

Telephone(s)

Diagnosis (if any)

To your knowledge, have any of your close relatives been diagnosed with a mental health problem?

Are there any types of research in which you would rather not participate?
(For example, studies involving a brain scan or having blood taken)

Data Entry:		Date:		Register ID:	
-------------	--	-------	--	--------------	--

How did you find out about the Scottish Mental Health Research Register?

From a health professional:

- psychiatrist
- nurse
- GP
- other: _____

Word-of-mouth from a:

- friend
- family member
- other: _____

I saw the:

- poster
- research article
- website
- other: _____

I heard about it through a community support organisation:

- Bipolar Scotland NSF Scotland
- SAMH HUG
- Scottish Recovery Network
- other: _____

From taking part in another research study (if possible, please give the name of the study or researcher) _____

Another source:

**Thank you for supporting the Scottish Mental Health Research Register.
Please return this sheet and Consent Form to:**

**Research Register
2nd Floor, Kennedy Tower
Royal Edinburgh Hospital
Edinburgh EH10 5HF**