

**Appendix 2**

INFORMED CONSENT FORM  
(To be completed by the practitioners)

**Date:****Title of Research Project:**

A study of the demographic and epidemiological factors affecting referral rates between chiropractors and homeopaths in the greater Durban Metro area.

**Name of Supervisor:** Dr C. Korporaal**Name of Researcher:** Mr Kumaran D. Pillay**Please circle the appropriate answer**

Yes/No

- |  |        |
|--|--------|
| 1. Have you read the research information sheet?   | Yes/No |
| 2. Have you had an opportunity to ask questions regarding this study?  | Yes/No |
| 3. Have you received satisfactory answers to your questions?   | Yes/No |
| 4. Have you had an opportunity to discuss this study?  | Yes/No |
| 5. Have you received enough information about this study?  | Yes/No |
| 6. Do you understand the implications of your involvement in this study?   | Yes/No |
| 7. Do you understand that you are free to:-  |        |
| a) withdraw from this study at any time?   | Yes/No |
| b) withdraw from this study at any time, without giving reasons?   | Yes/No |
| c) withdraw from this study at any time, without affecting your future health care or relationship with the Chiropractic Day Clinic at the Durban Institute Of Technology? | Yes/No |
| 8. Do you agree to voluntarily participate in this study?  | Yes/No |
| 9. Who have you spoken to regarding this study?  | Yes/No |

**If you have answered 'No' to any of the above questions, please obtain the necessary information from the researcher and/or the supervisor before signing. Thank you!**

**Please print in block letters:-**

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Witness Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Researcher's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Supervisor's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_