

Consent form

For consent to publication of an individual's case history in the Journal of the Institute of Psychosexual Medicine

Name of person described: _____

Author: _____

I give my consent for my case history to appear in the above journal. I understand the following:

- Details which might allow someone else to recognise me will not be disclosed. I understand that there are many who share similar problems to mine.
- The material will be published in the IPMJ - the Journal of the Institute of Psychosexual Medicine, which is published three times a year in the UK. This has a small circulation and is read by doctors and other health professionals who are currently learning and updating psychosexual medicine skills, and who work in fields such as General Practice, Sexual and Reproductive Health, and Gynaecology. The journal is also sent to postgraduate medical centre libraries in hospitals throughout the UK, and secure access is available to its subscribers through the IPM's website.

I do/do not * wish to see the material prior to publication

**please delete as appropriate*

Signed: _____

Print name: _____

Date: _____