**PCOQ registration Form**

**Contact Details**

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| **Name**: |  |
| **Email Address**: |  |
| **Phone Number**: |  |
| **Organisation:** |  |
|  |  |  |  |  |  |

**Reason for using PCOQ**

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| --- | --- |
| **Purpose:**(e.g. trial, other research study, routine practice, other purpose) |  |

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| **Details of use:**(e.g. setting, description of treatment or intervention, number of patients, other data captures, start and end dates) |  |
| **Modification request:**The PCOQ should not be modified, but we will consider requests for translation or modification to stems. Please enter a request here, or leave blank if no modification is requested. |  |
| Please tick this box to confirm you agree with the PCOQ licence terms and conditions available at: <http://www.bristol.ac.uk/primaryhealthcare/resources/pcoq/> | [ ]  |