

# Patient Informed Consent Form

Before we proceed with your appointment, we would like to let you know about an important aspect of how we document our consultations. We utilise a note-taking tool called Cerebric to accurately and efficiently capture the details of our discussions and the outcomes of our appointments. Cerebric ensures that we can focus more on our conversation and less on manual note-taking, enhancing the quality of care you receive.

By signing this consent form, you are agreeing to allow your clinician to use Cerebric during your consultation. Your consent is crucial for us to use this technology. Please understand that your information will be handled with the utmost care, and Cerebric's use is aimed solely at improving your healthcare experience.

Patient Information:

- Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Signature: \_\_\_\_\_

Thank you for your understanding and cooperation in helping us provide you with the best possible care. For more information, please email: [support@cerebric.io](mailto:support@cerebric.io).