

DATE risk protocol enacted:	Participant study ID:
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To be completed by Researcher

Risk information :

- GP distressed
- Concern regarding GP's own health or mood
- GP disclosed issue relating to patient safety
- Other (describe below):

Details:

Research supervisor contacted: Y / N	Date:	Name of supervisor:
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Actions taken:

To be completed by Research Supervisor

Further information and actions taken:

Researcher name:	Date:	Signature:
Research Supervisor name:	Date:	Signature