

Patient Consent Form
RANDOMISED CONTROLLED TRIAL TO ASSESS THE CLINICAL- AND
COST EFFECTIVENESS OF PHYSIOTHERAPY AND OCCUPATIONAL
THERAPY IN PARKINSON'S DISEASE (PD Rehab)

Please initial box

1. I confirm that I have read and understand the information sheet dated 11th June 2010 (Version 9) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without the quality of my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals running the trial or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4. I agree to take part in the above study.

5. I give consent to my GP being informed about my participation in this study. (optional)

Name of patient

Date

Signature

Name of person informing patient

Date

Signature

For further information about the study please contact: *<Insert details of local PI>*

1 for patient; 1 for BCTU; 1 to be kept with hospital notes; 1 for site file

Version 9, 11th June 2010