Trial	number

## PARTICIPANT CONSENT FORM

If you wish to take part in the REFORM study, please place your initials in each of the boxes below, sign and date this form, and complete the attached questions. Please return these forms in the pre-paid envelope provided. If you (or a relative or friend) would like to ask more questions about this study before deciding whether to take part, please do not hesitate to contact [Name of Trial coordinator], the trial co-ordinator on [insert telephone number].

All the information on this form will be kept confidential and won't be released to anyone outside the research team

		Please initial each box		
1.	I confirm that I have read and understand the information sheet version [no] dated [date] for the above study and have had the opportunity to ask questions by phoning the contact number provided. I agree to take part in the REFORM study.			
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.			
3.	I understand that sections of my health care records may be looked at by researchers from the University of York or the NHS Trust where the study is being conducted.			
4.	<ol> <li>I agree to my GP being informed of my participation in the study and of any health concerns the REFORM study team may become aware of during my participation.</li> </ol>			
5.	I agree to researchers from the University of York contacting my GP if I have had a fall to collect further information about the event if required.			
6.	<ol> <li>I agree to the University of York's Trials Unit holding my contact details and consent form to allow them to send me questionnaires and other REFORM study related documents.</li> </ol>			
7.	<ol><li>I am willing to receive emails/texts (please delete as necessary) about the REFORM study.</li></ol>			
8.	We may offer some patients extra podiatry visits at their local clinic. If offered, agree to attend my local podiatry clinic at a day and time convenient for me.	I		
A.	ame of patient Date Signature			
Né	ame of patient Date Signature			
Other research studies				
Researchers from the <i>REFORM</i> team would like to contact men and women who agree to take part in the main <i>REFORM</i> study to see if they would be interested in helping with other related studies these are entirely optional. If you would <u>not</u> like to be sent information about related studies, please tick this box.				
'				

REFORM Patient consent form Version 2.0 20th July 2012