



University of Brighton

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Physio First Data for Impact Study

Patient Consent Form

1. I confirm that I have read the information sheet regarding the Physio First Data for Impact (PF-DFI) study. I have had the opportunity to consider the information and ask questions, which have been answered to my satisfaction.

2. I am willing for information about my physiotherapy treatment and outcome of treatment to be used in the data collection project. I understand that the information will be treated in the strictest confidence, and that all information will be anonymised.

Patient's name:

Date:

Signature: