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Consent Form

Assessing Outcomes of Integrated Care for Long-term Neurological Conditions

Care Record Audit

Please initial the box if you agree

1. I confirm that I have read and understand the information sheet dated [insert date and version number] for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary. I also understand that I am free to withdraw at any time, without giving a reason, and without the services I receive being affected.
3. I agree to allow the research team to access my records held by the [name of integrated community team] to monitor the introduction of the outcome checklist.

Participant

Date

Signature

Researcher

Date

Signature

The research team may want to interview some people who use the [name of integrated community team] at a later date.

Would this be something you would be interested in?
(We will not necessarily contact everyone who says 'yes')

Yes

No

If **yes**, please provide postal address
or other contact details

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