

Study Number: \_\_\_\_\_

## CONSENT FORM

### A research trial into the effectiveness of different treatments for people experiencing low back pain.

Please initial box

1. I confirm that I have read and understand the Information sheet dated 2 February 2005 version 5 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 my medical care or legal rights being affected.
3. I understand that my GP and other health professionals involved in my care will be informed of my participation in the study, and I consent to researchers where it is relevant to have access to my medical records.
4. I agree to take part in the above study.
5. I am happy to be invited for an interview during the follow up period of the trial. I understand that if I wish not be interviewed I can still participate in the trial.

Name of Patient	Date	Signature
_____	_____	_____

Name of Researcher taking consent	Date	Signature
_____	_____	_____

#### *Back Skills Training (BeST) Trial*

The University of Warwick  
Centre for Primary Health Care



MRC General Practice Research  
Framework