

Carer Consent Form
**RANDOMISED CONTROLLED TRIAL TO ASSESS THE CLINICAL- AND
COST EFFECTIVENESS OF PHYSIOTHERAPY AND OCCUPATIONAL
THERAPY IN PARKINSON'S DISEASE**

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 my legal rights being affected.
3. I agree to take part in the above study.

Name of Carer

Date

Signature

Name of person informing Carer

Date

Signature

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

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

Version 9, 11th June2010