

THE GOODBACK ASMI Scoliosis Trial Registration & Consent Form

Name:			
Phone No.:		Date of Birth:	

I CONSENT to:

- 1) The above personal details being recorded for the purpose of the trial. I understand this information, the before and after measurements and my responses to the questionnaires will be used to look at the outcomes of treatment and may be used for research purposes only and results will be published.
- 2) I understand that data identifying me will not be released to anyone unless required by law or I give my further consent.
- 3) I understand that I may ask for my details to be removed at any time and may request access to my personal data.

Signature:

Print Name in Full:

Date:

Statement of Consent for patients aged 16 years or younger

I confirm that I have read and understood the above information, and I consent, as parent, guardian or appointed carer to this patient receiving treatment at this time. I understand that they can refuse treatment (or any part of treatment) at any time in the future without jeopardising future treatment at this practice.

Signature:

Print Name in Full:

Date:

Protecting your Privacy: Your personal details will be stored securely and used for the purpose of keeping adequate therapy notes only. We will never pass your details onto third parties without your explicit consent, unless required by law.