



Trust logo to be
inserted here

Patient consent form Version 3, 02.07.13

Please put your initials or a tick in the box

Have you read the Patient Information booklet?

YES

☐

Have you had a chance to ask questions?

YES

☐

Are you happy with the answers?

YES

☐

Have you enough information about the study?

YES

☐

Do you understand that taking part is voluntary?

YES

☐

PLEASE FILE THE COMPLETED ORIGINAL IN THE SITE FILE AND TAKE 3 COPIES. GIVE 1 TO THE PATIENT, FILE 1 IN THE PATIENT MEDICAL NOTES AND KEEP 1 FOR PATIENT PACK.

Do you understand that ...

- you can stop any time **YES** ☐
- you can stop for no reason **YES** ☐
- this won't change your medical care **YES** ☐

Can FOCUS researchers collect information about you ...

- from your medical notes? **YES** ☐
- from UK NHS bodies **YES** ☐
- to check how you are getting on **YES** ☐

Can others inspecting our work see this information? **YES** ☐

Can we contact your GP ...

- to tell them you are taking part in the study? **YES** ☐
- to give them the results of your assessments? **YES** ☐
- to ask how you have been **YES** ☐
- 1, 6 and 12 months after your stroke? **YES** ☐

PLEASE FILE THE COMPLETED ORIGINAL IN THE SITE FILE AND TAKE 3 COPIES. GIVE 1 TO THE PATIENT, FILE 1 IN THE PATIENT MEDICAL NOTES AND KEEP 1 FOR PATIENT PACK.

Do you agree we can contact

- you 1 month after your stroke
- you 3 months after your stroke
- you 6 months after your stroke?
- you 12 months after your stroke?
- your family, if you are unwell

YES

☐

YES

☐

YES

☐

YES

☐

YES

☐

Would you want to complete the study if

- you became less well?
- you couldn't make decisions for yourself ?

YES

☐

YES

☐

Do you agree to take part in this study?

YES

☐

Name of patient.....

Signature of patient Date

If verbal consent, Witness's name.....

PLEASE FILE THE COMPLETED ORIGINAL IN THE SITE FILE AND TAKE 3 COPIES. GIVE 1 TO THE PATIENT, FILE 1 IN THE PATIENT MEDICAL NOTES AND KEEP 1 FOR PATIENT PACK.

Signature of Witness..... Date

Researchers Name..... Signature..... Date

**PLEASE FILE THE COMPLETED ORIGINAL IN THE SITE FILE AND TAKE 3 COPIES. GIVE 1 TO THE PATIENT, FILE 1 IN THE PATIENT
MEDICAL NOTES AND KEEP 1 FOR PATIENT PACK.**