

CONSENT FORM

Title of Project: **A study using sound feedback for enhancing bodily feelings and emotional state in patients with Complex Regional Pain Syndrome Type 1.**

Patient Identification Number:

Name of Principal Investigator: Dr Helen Cohen

Contact Number: XXXXXXXXXX

		Please initial box
1.	Iconfirm that I have read and understood the information sheet dated <i>19^h October 2015 (version 1.3)</i> for the above study and have had the opportunity to ask questions.	
2.	I confirm that I have had sufficient time to consider whether or not I want to take part in the study.	
3.	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.	
4.	I agree that my evaluation session can be video taped	
5.	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from Royal National Orthopaedic Hospital and from University College London, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. Note that the personally identifiable information such as names, etc will be kept separated from the data and will not be transferred from the Trust. Data will be link-anonymised. Only anonymised data will be transferred to UCL computers.	
6.	I agree to take part in the above study	

Name of Participant

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature