



CONSENT FORM

The Physiotherapy Assessment of Breathing Pattern Disorder (PHAB)

An Evaluation of Physiotherapy Assessment; A Mixed Methods Study to Evaluate the Physiotherapy Assessment of Breathing Pattern Disorder

Stage 2: A Qualitative evaluation of the Breathing Pattern Assessment Tool

Participant Identification Number for this trial:

Please initial box

I confirm that I have read and understood the information sheet for this study (Version 3 date 14/03/23) and have had the opportunity to ask questions which have been answered fully.	
I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	
I give / do not give (delete as applicable) consent to being contacted to potentially taking part in other research studies.	
I give permission for these individuals to access my records that are relevant to this research.	
I consent to take part in the above study.	

Name of Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher
(COPIES: 1 for patient, 1 for researcher, and 1 to be kept with hospital notes)

Date

Signature