



UNIVERSITY of LIMERICK
UNIBScoil LUIMNIGH

Title of research project: The effect of cognitive functional therapy on patients with non-specific chronic back pain: a multi-centre randomized trial

I have read the subject information leaflet and the procedures involved in this study have been fully explained to me. Any questions I had, have been answered.

I have volunteered to participate in this study and I am aware that I may withdraw at anytime.

I understand that personal information and results will remain confidential, and will be used for statistical purposes only.

I _____ agree to participate in this research study.

Signature: _____
(Patient)

Date: _____

Signature: _____
(Physiotherapist)

Date: _____

Code: To be entered by local physiotherapist _____