**Informed Consent Form**
**PPSU ETHICAL REVIEW COMMITTEE**

Study Title: **Effect of bio psychosocial comprehensive chronic pain management physiotherapy Practice protocol in patients with Chronic Musculoskeletal Pain**

Study Number [if present]:

Participant's Initials: _____ Participant's Name: _____

Age: _____

| Sl. no | Declaration of consent | Please initial/ Tick |
|---|---|---|
| (i) | I confirm that I have read and understood the information sheet dated _____ for the above study and have had the opportunity to ask questions. | [ ] |
| (ii) | I understand that my participation in the study 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. | [ ] |
| (iii) | I understand that the investigators part of this project, the Ethics Committee and the regulatory authorities will not need my permission to look at my health/ academic records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. | [ ] |
| (iv) | I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s) | [ ] |
| (v) | I agree to take part in the above study without any pressure, coercion, or influence. | [ ] |

**Signature of participant: _____**

**Signature of Researcher: _____**

**Date: _____**