Supporting Information File 5: Participant consent form

**CONSENT FORM: Person with Back Pain**

**Title of Project:** Prescribing medications for low back pain by physiotherapists

Name of Participant: …………………………………………………………

 **Please initial box**

1. I confirm that I have read and understand the information sheet,

for the above study. I have had the opportunity to consider the information,

to ask questions and have had these answered satisfactorily.

1. 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.

3. I understand that all data will be confidential and securely stored for a period of

 10 years. I understand that if I withdraw from the study my data up to the point of my withdrawal will be used in the analysis

4. I agree to take part in the above study

5. I agree to be contacted to take part in the focus group

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Name of Participant Date Signature

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Name of Person taking consent Date Signature

(if different from researcher)

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Researcher Date Signature