

Hollywood Functional  
Rehabilitation Clinic

### PATIENT CONSENT FORM

**TITLE:** Limb asymmetry following anterior cruciate ligament (ACL) reconstruction: implications for the return to sport and risk of re-injury.

**CHIEF INVESTIGATOR:** Dr Jay Ebert

To be completed by the Participant of the study:

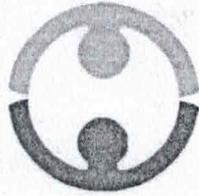
1. Have you read the information sheet about this study?  Yes  No
2. Have you had an opportunity to ask questions and discuss this study?  Yes  No
3. Have you received satisfactory answers to all your questions?  Yes  No
4. Have you received enough information about this study?  Yes  No
5. Which Doctor (or other researcher) has spoken to you about this study? Jay
6. Do you understand that you are free to withdraw from this study at any time without giving a reason and without affecting your current or future medical care?  Yes  No
7. Do you agree to take part in this study?  Yes  No
8. Have you received a copy of the information sheet and consent form?  Yes  No

### YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM

[Redacted]  
Participant's Name  
JAY EBERT.  
Person Obtaining Consent

[Redacted]  
Participant's Signature  
[Signature]  
Signature

19/01/2016  
Date  
19/01/16.  
Date



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Participant's Name

[Redacted]  
Participant's Signature

17/12/15  
Date

JAY EBERT.  
Person Obtaining Consent

[Signature]  
Signature

17/12/15  
Date